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## Part 1.—Original Communications.

### ARTICLE I.

*Sanguinaria Canadensis as a Therapeutic Agent.* An Article read before the Indianapolis Medical Society. By J. L. MOTHERSHEAD, M. D.

The *Sanguinaria Canadensis*, well known also by the names of Blood-root and Puccoon, grows abundantly throughout the United States, and is one of our earliest Spring flowers. It is, indeed, so generally known that a description of it is deemed superfluous: I shall, therefore, pass it over, and proceed at once to its medical properties.

Dr. Beach, speaking of *Sanguinaria*, says, "the root is emetic, cathartic, sudorific, and emmenagogue; detergent, expectorant, &c." Dr. Eberle says, "its powers have been variously represented, and as yet, do not appear well understood." Dr. Bigelow considers the root as an acrid narcotic. Dr. Bird says its medical properties are, in every respect, similar to those of the Peruvian bark. Dr. Barton valued it for its emetic and expectorant powers. Dr. Francis, of New York, speaks highly of it in protracted and distressing affections of the chest. Dr. Ives also speaks favorably of it in

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diseases of the lungs and liver; he also recommends it in influenza, whooping-cough, and croup. Dr. McBride, of South Carolina, recommends it in hydrothorax and asthmatic affections. Dr. Tully, speaking of the root, says, "it possesses deobstruent properties, without producing emesis or catharsis." Dr. Zollikoffier says, "it possesses active and useful properties, and that none can be considered superior to it in acute rheumatism," and reports the treatment of some half dozen cases to sustain his opinions. He gives for his authority in using it in acute rheumatism, Nathan Smith, M. D., and also speaks well of it as emetic, cathartic, diaphoretic, and expectorant. Professor Cox speaks of it as emetic and cathartic, but says, "it should be given with great caution." Dr. Downey says, "it is powerfully emetic in doses of fifteen or twenty grains, but that eight grains is a mild dose and but little inferior to ipicacuanha." He also remarks that the *Tinc.* is used to prevent intermitting fever, and a decoction of the root to cure the dysentery. In one case, he says, it acted powerfully upon the uterus, producing abortion, and suggests its use in amenorrhœa in females. The root has been used in gonorrhœa; also, for the bites of serpents, and in bilious diseases. Professor Wood, of Philadelphia, says, "it is an acrid emetic, with stimulant and narcotic powers. It has been given in typhoid pneumonia, catarrh, pertussis, croup, phthisis pulmonalis, rheumatism, jaundice, hydrothorax, and other affections." Dr. Pereira speaks of it in terms similar to those used by Professor Wood, but says, "it must be considered as a remedy of questionable propriety in jaundice." Dr. Buel, of our own State, uses it as an emetic, but does not consider it so acrid or dangerous as is generally believed. Professor Smith, of New Hampshire, states that he has cured "several cases of polypi of the soft kind by giving the powdered root as a snuff." It has been recommended by some other writers as a cure for ill-conditioned ulcers, tinea capitis, &c.

I have thus given, as briefly as possible, the various opin-

ions of medical writers on *Sanguinaria Canadensis*; which seem to be as strange as they are various and contradictory. I have not done so for the purpose of entering into any discussion upon the views entertained, but merely to give a short sketch of its history as a medicinal agent.

The principal diseases in which I believe *Sanguinaria* appropriate, are of a chronic character; and the article, to have its full effect, should be used as an alterative. My experience in its use has been confined principally to chronic affections of the stomach, liver, and lungs; but I will make some remarks on its applicability to other diseases.

In the first place I will speak of it in connection with dyspepsia, jaundice and other chronic affections of the liver. In dyspepsia of aggravated and long standing, I have used it in the form of pills, from one to three grains, morning, noon and night: beginning with one grain and increasing gradually as the stomach will bear it. The stomach, in this way, will receive, in a few days, doses which at first would have been too nauseating to bear.

Dyspepsia, when application is made to the physician for relief, is generally of long standing, and usually the action of the liver involved to such an extent as to make it a complication of the liver and stomach; hence, to relieve the case, you must give remedies that will affect both. And here *Sanguinaria* comes to your relief in a peculiar way; for while it excites the action of the stomach, increasing its powers, removing flatulence, and many other distressing symptoms; the liver is at the same time being aroused from its lethargy; distressing constipation is gradually relieved, and, by a continuation of treatment, your patient restored.

It is proper here to remark, that the usual advice as to dieting, and many other directions to the dyspeptic, should not be overlooked,

I will here relate two cases of dyspepsia; both of long standing, and treatment accordingly. First: Mr. A., of Delphi, in this State, applied to me two years since, stating that

he had entirely despaired of getting well; that he had had recourse to all the usual remedies for dyspepsia, and was well satisfied that he could not be cured. Upon examining his case, I found him with all the distressing symptoms of dyspepsia; liver torpid; much reduced in flesh, with a contracted yellow skin. After giving him a cathartic, the Sanguinaria was ordered three times per day. He was permitted to increase his diet, and in four weeks was much improved. A dispatch came for more medicine, which was furnished, and the course continued for some months, when he informed me he was well and could eat whatever he desired.

Some two or three months since, Mr. A. was in our city, and informed me that he was in the enjoyment of better health than he had ever enjoyed.

The second case was Mr. M., of Madison, in this State. He had suffered long with dyspepsia; had tried every thing, and done every thing, Homoeopathy not excepted, and as yet no relief. In this case a similar course to the above was pursued, and the result was equally flattering. He is now fleshy, in good health, and says that with a box of pills in his pocket he is safe.

In jaundice, it has acted almost as a specific, in my hands. After giving a portion or two of calomel or blue pill, I begin with the tincture of Sanguinaria, and the syrup of Sarsaparilla, combined in such proportions as to enable the patient to take from thirty to sixty drops of the tincture three times per day; and it is strange with what rapidity the yellow tinge leaves the eyes and skin; and in a few days the patient is entirely restored.

I could here report numerous cases, to sustain its use in jaundice, but will let one suffice.

Col. V., of Logansport, in this State, (many years since,) having suffered long with this disease; his physician having resorted to all the usual remedies, without any relief; being much reduced and enfeebled, with a dark yellow tinge of the eyes and surface; a yellowish brown skin, much contracted



and shrivelled. In this condition, believing there was no relief, he despaired of recovery, and visited this place for the purpose of settling up his affairs. When, fortunately, he was induced to try the *Sanguinaria* as above directed, and in ten or twelve weeks was cured; when, to use his own language, he was "just snatched from the grave." I have found *Sanguinaria*, in a great variety of affections of the liver, when jaundice was not present, or the stomach complained of, but that ever variable state of the liver, with pain in its region, constipation of the bowels, and all the attendant symptoms of a want of its action; promptly relieve, and in many cases effect a complete cure. I will here state that the syrup of *Sarsaparilla* was added, more with a view of covering the unpleasant taste of the tincture, than for its remedial powers.

In diseases of the lungs, after the active stages of inflammation have passed by, leaving irritating and troublesome coughs, and in chronic affections of the lungs generally, I have found the *Sanguinaria* a valuable remedy; indeed, so potent did its powers appear, in a few cases of phthisis pulmonalis, that I almost fancied the disease no longer incurable. But, lo! the destroyer was at hand—disease usurped its power, and the consolation alone was left, that the sufferers had been greatly relieved and their days prolonged if only for a season. In affections of the lungs, it has been my practice to combine the tincture of *Sanguinaria* with the syrup of squills, paregoric, &c. In retention of, and suppressed catamenia, the *Sanguinaria* has also been a valuable remedy in my hands; in some cases, however, it disappointed my expectations, and I am not prepared to say, to what extent it can be relied upon in such cases.

I have also used the *Sanguinaria*, in tinea capitis, tetter, and many other affections of the skin with decided success. It may be applied either in the form of powder or a strong tincture to the affected part; but I prefer a mixture of the tincture and sweet oil in equal parts, with the addition of a few drops of kreosote.

It will be seen from the foregoing remarks, that in classing Sanguinaria, it has been my object to look upon it as an alterative. Let not that fact deter others from its use, for of all the articles in the *Materia Medica*, next to Mercury and its preparations, none in my opinion, can compare with it, in its powers to excite the action of the liver, and it has the advantage of the former in its capability of being used at all times, and continued without producing any of its unpleasant effects.

For the last ten years I have used Sanguinaria Canadensis in my practice, in various forms, and in a variety of diseases. I have done so with close attention, and whatsoever the result may hereafter prove in the hands of others, I am well satisfied of its virtues as a medicine, and as deserving a place in therapeutics, heretofore not awarded it.

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#### ARTICLE II.

*Remarks upon Puerperal Fever Complicated with Malaria.* Read before the Kosciusko County Medical Society. By EDWARD R. PARKS, M. D., of Leesburg, Indiana.

The earliest history of medicine gives accounts of puerpal fever, and modern authors have described it with great accuracy and precision. At one time, the disease was supposed to consist essentially in inflammation of the uterus, its appendages, its peritoneal investing membrane, or in inflammation of the peritoneum generally; or in all these simultaneously. But it is now generally conceded that puerperal fever depends also upon other and very different pathological conditions than inflammation.

It may depend upon simple engorgement and congestion of the uterus independent of inflammation.

Uterine phlebitis is frequently the cause of puerperal fever.

It may also depend upon disease or derangement of the function of the lymphatics of the uterus.

If these premises are true, puerperal fever does not depend on any one specific cause, and, consequently, is merely a common name for several dissimilar pathological conditions occurring during the puerperal state. But there is one form of puerperal fever which is very common, (in this country, at least) that has not been described by any author. We allude to this disease complicated with malaria, or, malarial disease complicated with the puerperal state.

We have, for the last few years, had our attention directed to the investigation of this disease, and having had a pretty extensive opportunity of seeing diseases of this description, and we have no hesitation in saying that a large majority of the deaths among the child-bearing females of this country may be justly attributed to this disease.

There are two distinct varieties of this malady, depending for the most part upon the season of the year and the prevailing type of disease. During the summer and early part of the fall it will assume a more or less inflammatory character. But during the winter and early part of the spring, the disease will certainly put on a decidedly typhoid character.

There is, probably, very little observable difference in the symptoms of this complicated form, and the ordinary disease of the books.

In the sthenic variety which is met with during the summer and early part of the fall, the symptoms may be precisely such as are described by most of our modern authors, and yet the case may be complicated with malaria.

How, then, can we be enabled to form a correct diagnosis?

This is the only question of much moment in the case. And, although it is one attended with some difficulty, yet, by having our attention properly directed to the probability of such complication, we may be always enabled to form a correct diagnosis.

In the first place, if our patient has suffered with any ma-

larial disease during gestation, especially if it should be of recent date, we are justified in the conclusion that the disease is complicated with malaria; or should we only find that the patient had, during the last year or so, suffered with malarial disease, and that she is now laboring under its sequelæ, we may strongly suspect the complication.

Our diagnosis will also be materially aided by the extent of malarial disease prevailing at the time. Should any of the various forms of this unseen enemy be extensively prevailing in the neighborhood, you have strong grounds for suspecting its influence in the case. But should all these conditions, or several of them, exist, you have the strongest possible grounds, and may predict with absolute certainty, that this complication does exist. With reference to the asthenic or typhoid variety, we can only, in this place, hint as we pass. Much of what we have just said, in reference to the sthenic variety, will apply with equal force, also, in this form of the malady; especially so much as related to the pre-existence of malaria in the system, and to the extent of its prevalence in the country at the time. This form of the disease, it will be recollected, is met with during the cold and variable seasons, as winter and spring. Now, if you have a patient during this season of the year, attacked with puerperal fever, and asthenic pneumonia is prevailing extensively, the disease will certainly assume the typhoid type, more especially if the patient should have suffered with a recent intermittent. But whether she should have suffered such an attack or not, if asthenic pneumonia is prevailing, we may conclude, with almost positive certainty, that the fever is complicated with malaria, and will absolutely put on a decidedly typhoid form. The disease will also frequently be complicated with pneumonia.

*Symptoms.*—The disease often commences some time previous to accouchment. In this instance, which is the most usual manner of its approach, its invasion is very insidious. The patient will be seized with a violent catarrh; this is attended with a troublesome cough, some pain about the chest,

with dyspnœa and a state of pyrexia, attended with manifest exacerbations and remissions.

These symptoms are regarded by the patient and her friends as "only a bad cold," and, consequently, attended with little danger. If medical advice is not sought, and the disease continues, the patient becomes debilitated and anæmic. The time of her accouchment arrives. She may have the most natural and easy labor, or otherwise, but this slight pyrexia continues: the cough frequently becomes aggravated; and the dyspnœa greater; the pulse, which had been feeble and quick, becomes gradually quicker and quicker, until it rises from a hundred and twenty to a hundred and sixty. The whole surface is remarkably pale; the cheeks and prolabia are decidedly anæmic and exsanguinous. Little or no pain is complained of by the patient. There is no tumefaction, and but very little, if any, tenderness over the abdomen; pain, or a sense of throbbing, in the head is frequently complained of by the patient. This is attended with perverted action of the whole arterial system; the carotids can frequently be observed throbbing from a considerable distance. Delirium is a very frequent symptom. Jactitation and subsultus tendinum are also very common.

For a more particular history of the symptoms of puerperal fever, we must refer to systematic authors.

*Pathology.*—Our own opinion in relation to the proximate cause of this disease we will briefly state in a few words. From what has already been said it will be seen that we regard malaria both as a predisposing and exciting cause of this malady; consequently, all that is necessary to the full development of the disease, is the puerperal state complicated with malaria. Hence it is that few puerperal women, who are under the malarial influence, escape this disease. As to the particular or special primary impression made upon the system, we believe (with many others,) that the whole nervous system is the true seat of this disease. But concerning the peculiar nature of the primary impression on the nerves, and the

many hypotheses that have been entertained, we have neither space nor inclination to dilate.

*Treatment.*—Bloodletting stands at the head of the treatment of puerperal fever, as described in the books. But we only allude to it in this place to proscribe it as a remedy in this form of puerperal fever. We have never, in a solitary instance, resorted to the use of the lancet in this disease. It might, however, in some rare instances, be used with advantage. But it should, certainly, be resorted to with great circumspection. As a general rule we regard it as decidedly prejudicial.

Cathartics are sometimes useful in the more sthenic forms of the disease. When there is torpor of the bowels, as sometimes happens, with the tongue loaded with a dense yellowish or brownish coat, a mercurial cathartic will afford considerable relief. But by far the most important remedies in the treatment of this affection, are the disulphate of quinine, morphine, and vesicants.

In this, as in all other forms of malarious disease, the disulphate of quinine is the great antidote. It should be combined with morphine in proportions of from five to ten grains of the quinine, to from one third to a whole grain of the morphine. This should be repeated every two or three hours until an obvious impression is made on the disease. In some instances, morphine will be found to produce some unpleasant effects. In such cases the extract of hyosciamus or cicuta, will have an admirable effect. They should be given in doses of from two to six grains every two or three hours until the patient is brought perfectly under their influence.

In the more asthenic forms of the disease, the patient's strength must be supported from the commencement, or she will certainly sink under the influence of the malady.

Quinine, wine, and even brandy, are to be freely and fearlessly administered for this purpose.

Blisters cannot be used with propriety in the decidedly asthenic or typhoid form of this disease. But in the more sthenic forms, where there is some tumescence of the abdo-

men, attended with pain and tenderness, they are of the greatest value and should not be omitted. They should be made to cover the whole abdomen.

*Prophylactics.*—Although we have not much faith in prophylactics in general, yet, in this disease they are of infinite importance. Much may be done in this way by the accoucheur. He frequently sees his patient, or is consulted, previously to accouchment. It is certainly his duty, when he finds any of the predisposing causes of this disease existing, to warn the patient or her friends of her danger; for, if he does not, she is almost certainly doomed. Of course, when there is any evidence of the existence of malaria in the system, it can be safely and successfully treated with the great antidote. The cough, dyspnoea, etc. may be effectually relieved by an occasional dose of morphine and ipecac.

We should have been glad to have entered somewhat more in detail upon the treatment, but our limits would not permit. It is, certainly, a disease that we have seen much of, and we have thus briefly glanced at the kind of treatment that we have often witnessed, crowned with the most salutary and happy effects.

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### ARTICLE III.

*Rheumatic Affections of the Stomach.* By R. R. STONE,  
M. D., of Solon, Ill.

Chronic rheumatic affections of the stomach have been of no uncommon occurrence in this region during the past season, and as they have exhibited themselves by symptoms somewhat mysterious, having the semblance of organic dis-



ease, and thereby misleading the practitioner, an investigation of their pathology has become quite interesting. One case of which I will relate as its features are the most prominent:—Sept. 1st, I was called to see Miss S., æt. 23, of that nervous bilious temperament which appears most to predispose to rheumatic affections. I found her with the following symptoms: a peculiar pale, transparent, sallow appearance of the skin, which I considered indicative of schirrus, and I was somewhat confirmed in my convictions, by the statement of her father that his mother died with a cancer of the mamma. Her pulse was small, quick, and wiry; tongue covered with a thick white coating; breath remarkably foetid; epigastrium extremely tender upon pressure; with frequent paroxysms of severe pain in the part extending into the hypocondriac regions, and to the shoulders; frequently pain in digesting food but not constantly; the reception of food into the stomach always followed by pyrosis, and occasional diarrhœa, alternating with constipation. She appeared to have a species of chill in the after part of the day, followed by a fever and thirst most of the night, and passing off towards morning by a moderate perspiration. In fact, it was a hectic, as anti-periodics seemed to have no power in arresting it.

She was also troubled with amenorrhœa, which I considered merely a consequence of the disease of the stomach. She had been treated by the various Drs. in the vicinity for organic disease, amenorrhœa, dyspepsia, &c., for about three years, but with little or no benefit.

I considered it an organic disease of the stomach, probably of a schirrus nature, or leading to it, and treated the case as such, with cicuta, alteratives, tonics, counter irritations, &c., which partially removed the most urgent symptoms for a time; but they soon failed to give any relief and she grew gradually worse, with sleepless nights from the paroxysms of pain as before named. I was about to give her up as past recovery, when the thought occurred to me (as she appeared to be worse every cold and damp day) that rheumatism might

constitute no small portion of the disease. I accordingly prescribed from 2 to 33 vinum colchici per day, when she immediately began to convalesce. With the use of this and the bitter tonics, she rapidly recovered, so that at present she can labor most of the day. The catamenia have appeared and she now considers herself nearly well. Still, upon exposure to cold and damp weather the pain returns in a mild form, which is almost immediately abated by the exhibition of 40m. vin. colch.

I have found in the treatment of some forms of dyspepsia with those chronic pains in the sides and shoulders, so often complained of in this latitude, that the colchicum is a valuable addition to other therapeutic agents.

November 1st, 1848.

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#### ARTICLE IV.

*Autopsy of a case of Abscess of the Liver.* Reported by  
HALSEY ROSENKRANS, M. D., of Ottawa, Ill.

On the 23d inst I was invited by Dr. Howland to witness a post mortem examination of the body of Mr. H., a man of middle age, and who had been a blacksmith by trade. I was informed that he had been sick some three or four weeks and that his illness had been considered to be asthenic Pneumonia confined to the left lung. A few day previous to his death he expectorated at times considerable quantities of very offensive sputa which was supposed by his physician to be matter from the lung in a state of gangrene. This matter, or pus, was said to have been so extremely offensive as to drive one of the Physicians (as there were two in attendance) from the room—this occurred about a week previous to his demise, when he was given up as hopeless by his attending Physi-

cians, and Doctor Howland took charge of the case. At this time he was troubled with occasional convulsive movements and delirium, being rather furious. These paroxysms were succeeded by somnolency. This state of things continuing, if I was correctly informed, until death.

The post mortem examination was confined to the organs within the chest and the liver. Removing the sternum, we found the lungs collapsed. In attempting to raise them from their bed, we found extensive adhesions between the pleura costalis and pulmonalis. On the right side, we also found that there was extensive attachment of the lower lobe of the right lung to the diaphragm. Cutting into the substance of the lung we found the lower two lobes of the right lung and the lower lobe of the left in a state of hepatization—the upper lobe of each lung being healthy. The heart was healthy. We now proceeded to separate the attachment between the diaphragm and inferior lobe of the right lung. This being effected, pus of the most offensive character poured forth from a ragged passage through the diaphragm. Drs. Pearsons and Hopkins remarked simultaneously, that it was the same sickening smell that accompanied his sputa, more than a week previously. We next traced this opening into the right lobe of the liver and on cutting through the diaphragm into the liver, the two organs being extensively united, we found a considerable portion of the right lobe involved in the abscess.

October, 1848

#### ARTICLE V.

*Diseases of the West—their Complications, &c.* By

W. MATTHEWS, M. D., of Eberle, Ind.

It is an erroneous doctrine, first promulged by a high authority, which asserts that but one disease can prey upon the

human body at one and the same time. If any Physician has imbibed such a theory, the experience of a short practice in the West would surely explode it.

In confined and illy ventilated Hospitals we know that every ailment, however trivial, is likely to become complicated, and partake of the nature of the pestilential and putrid disorder prevailing in the house at the time. So, likewise, it is rational to conclude, are most diseases of whatever nature which spring up, so to speak, in the midst of, and surrounded by malarial influence. Even the pure inflammations, it cannot be doubted, are very greatly modified in consequence of the peculiarities of the atmosphere by which they are surrounded. It is a fact notorious to every observing practitioner of the West, that, during the autumnal months, puerperal women are extremely obnoxious to paroxysmal peritonitis, requiring, in most instances, for its relief, a remedy scarcely ever mentioned by the writers on puerperal fever. That remedy is quinine in anti-periodic doses. Again, Western practitioners meet, habitually, during the prevalence of our endemic fevers, with cases of acute pneumonic disease which an anti-phlogistic plan of treatment *alone* is inadequate to relieve, but which a few timely doses of quinine will promptly arrest. The cases here referred to I have oftener met with in children than adults.

To more fully illustrate this subject, and put the inexperienced Physician upon his guard, pertaining to the treatment of *our* inflammations, I propose introducing the history of a case or two that came under my management in the Autumn of 1847.

Mr. J., a young man of excellent constitution, came on a visit from an adjoining county to his father's, who resides near me. Previous to making his visit, J. had complained for some days of *sore eyes*, for the relief of which a practitioner had prescribed an astringent collyrium which, however, had no good effect. I was consulted, and upon inspection, found the case to be one of purulent ophthalmia of a severe charac-

ter, producing very marked constitutional disturbances. He was freely bled, opening medicines ordered and nit. silver directed as a local wash. This treatment checked the disease's progress, but did not arrest it. Again and again, the unpleasant symptoms recurred; and again and again, they were palliated by anti-phlogistics, sedatives, blisters, etc.; the patient the meanwhile remaining in utter darkness. About this time his mother contracted the affection; and soon thereafter, a sister's eyes were also seen to be on fire. Now this was, as will be readily inferred, something of a time of darkness; for I confess that I was groping my way in the dark, and without hesitancy, the patients were willing to confess themselves painfully in the dark. Well, the old lady was bled, purged, blistered, &c.; but with no other good effect than temporary relief—often procured only by opiates. All the symptoms were apt to suffer aggravation at night, and this circumstance led me to suspect a periodic, or, in other words, a *malarial* complication, by which the affection was fanned, so to speak, into a flame, thus, in a great measure, undoing in the course of a few hours, by each returning paroxysm, all that had been gained by anti-phlogistics, &c. With a view, therefore, of driving from the system the *supposed cause* [malaria] of the difficulty, quinine in free doses, in union with pill, hydrarg, and morphine was prescribed. And the good effects were as prompt and manifest as those usually following the administration of the same drug in pure, undisguised intermittent. The redness, pain, and swelling of the eyes rapidly, and now permanently disappeared; and in the course of a few days the patients were free from every unpleasant symptom.

Now it is not pretended that the treatment in these cases materially different from that which most Western practitioners would have given them. But suppose an inexperienced student of one of the Eastern Colleges had been called on to manage them? Would he have been apt to prescribe quinine as an antidote? It is true, in the latter stage of the disease, and perhaps, after the local destruction had

been complete and permanent, he would have prescribed it as a *tonic*, in one grain doses. But such doses, so far from palliating the local symptoms would most probably aggravate them by imparting tone to the system, and at the same time failing to bring it under the medicine's sedative influence. Hence the great, the indispensable, necessity of studying diseases as they occur in practice—not, as some tell us they occur, alike under all circumstances and in all localities.

Medical students should, in my opinion, study disease where such cases as they will have to treat are exhibited.

There are, indeed, but few diseases that do not undergo modification in passing from one country or locality to another. And these modifications are, not unfrequently, of great consequence to be understood, and correctly cared for. For example: A puerperal woman gets a peritonitis at a time that malaria is exerting its influence upon her system; she is correctly treated for the peritonitis, but at the moment the inflammation is subsiding, the malaria brings up a paroxysm of fever, which could not fail to re-light the stifled original inflammation. The general excitement subsides slightly, but the local inflammation is slightly elevated. Another paroxysm comes on, and with it comes up, to a point incompatible with the life of the patient, the local inflammation, and the patient dies, not properly of the peritonitis, but of the malaria by which it was fed. A few doses of quinine, in this case, while they would not by any means have increased the peritoneal inflammation, would most certainly have expelled from the system the malaria by which it was fanned, and the patient would not have died.

## ARTICLE VI.

*A Case of Strangulated Inguinal Hernia mistaken for Bilious Colic by a Thompsonian—Consequent Death.* By R. HORSELY, medical student.

Mr. H—, a young man æt. 18, a day laborer, of robust health and strong constitution, has had for several years a reducible inguinal hernia. On Friday, Oct. 6, while carrying a weight upon his shoulder, the protruding intestine came down into the scrotum, and swelled to an enormous size. This was attended with violent pain, not only in the part, but all over the abdomen; sickness, vomiting of fecal matter, suppression of stools, fever, &c. His symptoms gradually grew worse, and on the following day a *Thompsonian* was called in. He assured the patient that "he could help him without any difficulty, and that his disease was the bilious colic."

The quack proceeded to apply *Cataplasms* and other fomentations to the abdomen, without discovering the hernia. He gave, internally, large quantities of cayenne, both in powder and tincture, soot tea, and, according to his own story, seven portions of physic, besides other mixtures. Finding his efforts unavailing, and still desirous of procuring an evacuation from the bowels, he left the patient to procure a bottle of Croton oil, with a promise to call again and complete his design. In the mean time, the strangulated intestine mortified, and the patient died, thirty-six hours after the accident. The young man's disease was discovered after death by an attendant who wrapped him in his winding-sheet and helped to perform the last rites to this unfortunate victim of quackery. In a day or two after, the attendant met with the quack and asked him if he knew what was the matter with the young man. He replied that "his disease was the bilious colic." The attendant assured him that it was entirely a different thing—that "the young man had a burst, and his bag was swelled larger than his fists, that the intestines were mortified," &c. The quack



appeared to be confounded, and said that "he was very sorry, that he did not know that that was the case, for he called himself first-rate in such diseases as rupture," &c. He boasted of what he had done, and what he could do: a general and sure mark of an empiric. This is one among the large number of lives that are being daily sacrificed to the ignorant and vile absurdities of quacks.

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#### ARTICLE VII.

*Report of a Case of Inflammation of the Fauces and Glottis, resulting in Complete Obstruction of Respiration; Tracheotomy successfully performed.* By J. B. HERRICK, M. D., Demonstrator of Anatomy in Rush Medical College.

I was called, at 2 o'clock, A. M., of Aug. 8, 1847, to visit Frederick P., æt. four years. The father of the patient—who called me—seemed much alarmed; and, upon entering his house, I found his fears well grounded. The respiration of the child, which was so difficult and labored as not to permit him to assume any but the erect position, could be heard distinctly in distant apartments of the dwelling, and seemed to threaten immediate suffocation.

From the parents, I learned the following history of the case. About three weeks previously, they had noticed that the child manifested a sensation of pain when he swallowed portions of solid food; subsequently, a swelling appeared about the angles and base of the lower jaw, and still more recently, difficulty of breathing had been superadded, which latter symptom had existed ten days, and had been slowly but constantly increasing in severity, especially during each night. The excuse given by the parents for not calling aid sooner was, that "they had suspected the malady to be mumps, and

thought their child would recover without medical aid." I found the patient in a high state of febrile excitement, with a swelling of the glands, similar in appearance externally to what would occur, in a well marked case of cynanche parotidæ. Upon examining the mouth, I found the parts from and including the anterior palatine pillars and uvula, and extending as far back as I could discern, highly inflamed and much swollen: the uvula and anterior pillars so much so as to make the opening to the fauces quite small. I at once supposed the difficulty to be an abscess, or the lodgement of some foreign body, at the root of the tongue, and accordingly introduced my finger to detect it. I could, however, find nothing, and so far as the exploration could be carried, the swelling seemed to be general and uniform; even the tonsils did not assume more than a proportionate amount of the enlargement, to lead one to suspect them of having been the primary seat of the affection.

The epiglottis and rima glottidis—although the examination added so much to the difficulty of breathing, as of necessity to be made hastily and imperfectly—were found involved in such a state of inflammation and enlargement, as, together with physical signs, to leave no further doubt of the cause of the present urgent symptoms.

I commenced my course of treatment by scarifying the engorged parts; took a liberal quantity of blood from the temporal artery; gave an emetic of tart. ant., which had a good effect, and applied fomentations over the seat of the inflammation. A slight amelioration resulted from these remedies. I returned home, after prescribing fomentations, and a solution of tart. ant., to be given in sufficient quantity to produce slight nausea.

Returning again, after a few hours, I found my patient so much worse that I thought proper to inform the parents that tracheotomy offered the only possible chance for relief. I explained to them the nature of the operation, and the uncertainty of its success. The case had now become so evidently

critical that they readily gave their consent, and even urged me to hasten its performance, when they saw their child convulsed and in the agonies of approaching death from suffocation. The operation was gone through with in the ordinary manner without any untoward occurrence, save the escape of a small quantity of venous blood into the trachea, which was expelled by a few efforts at coughing as soon as the canula was inserted. The relief was immediate and most gratifying. The convulsions ceased as soon as air was freely admitted to the lungs, and in a few minutes, the patient fell into a quiet slumber. He was suffered to remain for several hours without being disturbed by the use of any other remedies.

I then directed a powder every third hour, composed of 2 grains of calomel, and 1 of ipecac., until three were given; to be followed by a dose of castor oil, three hours after the last powder. During the forenoon of the next day, he had several copious dark bilious evacuations, and the febrile symptoms gradually subsided, so that on the day following, the little fellow was so much better that he began to realize his situation, and was so chagrined with his new breathing apparatus, and at the loss of his voice, that he became very petulant, and could not be controlled by his parents, but had, during the remaining time he was under treatment, the liberty of the house and yard nearly as he pleased.

The subsequent treatment consisted in the use of a low diet; counter irritation, by the use of ung. ant. over the affected parts, and the daily application of a solution of arg. nit.—8 grains to the ounce—to the inflamed surface.

The swelling externally gradually subsided, and, at the expiration of eight days, appeared considerably less about the uvula and pillars of the palate; but still I found by closing the orifice of the canula, that air could not pass the superior opening of the larynx, and the removal of it would have resulted in instant suffocation. I now substituted the tinct. of iodine for the solution of nitrate of silver as an application to

the inflamed surface, and continued the counter irritation as before.

After using this for ten days, without any perceptible improvement in the capacity of the larynx for the performance of its functions, the use of all local applications was discontinued. I now excised a small portion of each tonsil, which was accomplished with some difficulty, owing to the fact that they appeared but slightly enlarged, not sufficiently to obstruct respiration in the least. By this means, however, a small quantity of blood was abstracted from near the seat of the disease, and was doubtless beneficial.

I then directed 3 grains of iodide of potassium every third hour till 12 grains were given. This prescription was repeated for six days in succession. The third day after I commenced its use, I was gratified to find, by the return of the voice, when the orifice of the canula was closed, that the case was improving; and, at the end of eight days—twenty-six days after the operation—I removed the tube, and closed the artificial opening to the trachea with a strip of adhesive plaster. The wound healed rapidly, leaving but a slight scar; and since that time, the child has enjoyed good health, and the larynx and trachea have performed their functions perfectly.

#### ARTICLE VIII.

*Report of a Case of Polypus Uteri.* By DR. R. C. HAMILL, of  
Bloomington, Ind.

Miss ———, æt. 33, has been suffering under a profuse flux of blood from the uterus for a long time, latterly increasing. I was called first to see her in the fall of 1846. Under treatment, in a short time, she was much better, and I heard nothing more from her until the following May, when I was again sent for. Found her in bed, pale and sallow, conjunctivæ

yellow, tongue coated, pulse small and quick, bowels constipated. Had been suffering for several days from a large sanguinous discharge, accompanied with pain, some coagula. Had been "regular" once in three weeks, the period of menstruation lasting usually about six days, followed by a leucorrhœal discharge for the same length of time—menstrua mostly pale. Believing it to be a case of "profuse menstruation," primitive cause unknown, kept up by a want of viotic power, after the use of a few doses of hyd. cum. creta and bi. carb. soda which produced a decided improvement in the secretions, I commenced the use of tonics, elix. vit., and infus. quassia, twice daily, to be continued until within two days of next menstrual period, when the following mist. was administered: tinct. ergot, tinct. hyosc. niger., tinct. ferri. muriatis, equal parts, dose 40 gtt. thrice daily; menstruation came on as was expected; much less pain, less blood; diminished leucorrhœa, and the period of the flux shortened. On the ninth day discontinued the mixture. Under the use of tonics between the periods of menstruation, and astringents and opiates during its existence, she improved slightly until the 1st of Sept., when there was a decided change in the symptoms. Menstruation, for the two last periods at the end of the fourth week, came on without much pain, and was not excessive in quantity. At this time, one week before the expected return of the catamenia, a thin, watery, limpid discharge made its appearance in considerable quantities, followed in a few days by a very dark, semi-coagulated, bloody discharge. I requested a vaginal examination, and endeavored to impress upon her mind the absolute necessity of my being in possession of every fact connected with her case, that I might intelligently diagnosticate. She absolutely declined; thought death preferable; requested me to call in another physician in consultation, which was done. The same request made, but declined. She passed the entire winter under the use of palliatives, acidulated drinks, an occasional opiate, &c. Some time during the month of May last, she sent for me again, had had a number of rigors

during the last two days, had been bleeding, more or less, for a month every day; œdema of the feet and hands, blood came occasionally "with a dash;" confined mostly to her bed; unwilling still to submit to vaginal examination. Being under the necessity of leaving home for a few weeks, I gave her in charge to Dr. M., a highly intelligent physician of this place. I had frequently told her that I felt confident that a polypus would be discovered upon examination. Dr. M. was of the same opinion. During my absence, the father of Dr. M., a retired physician of deserved reputation, accompanied him. Being very bad, and despairing of aid otherwise, she consented, and he made an examination, and discovered, as expected, a polypus. Nothing was done until my return, a short time after when I determined to remove it. It was situated on the posterior part of the cervix uteri, pear shaped, and about the size of a small orange. Dr. M. assisted me in the operation. I used Gooch's double canula, without the windlass; a small grass line was used for the ligature. Owing to the smallness of the parts, I found much difficulty in applying the ligature. The bleeding, which was pretty free before and during the operation, was measurably checked by the ligature. The cord was tightened twenty-six hours afterward; hemorrhage increased for a short time; patient using cool acidulated drinks. On the next day, complained of pain from tightening the ligature, and slightly feverish; administered a mild purgative, which relieved her. On the fourth day, whilst tying the cord, it broke at the lower end of the canula, I withdrew the upper end of the instrument to the os externum, tied the cord, and replaced it without losing any advantage. On the sixth day, the separation was complete, and the polypus removed. The patient has been doing well since; menstruating at regular periods, but suffering some from prolapsus uteri.

The body of the polypus was very firm, covered with a kind of loose net work, which appeared to be slightly attached to it and filled with coagulated blood, it might more properly be called a tunica, which, like the tunica vaginalis inclosing



the testicle, enclosed the polypus. It is my opinion that this sack became distended with blood and ruptured, thus producing the "gush of blood" which recurred so frequently.

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ARTICLE IX.

*Letter from WILLIS G. EDWARDS, M. D., to Prof. Brainard.*

[The following interesting letter is from a highly intelligent and talented physician of Alton in this state, who is pursuing his studies in the Parisian Hospitals. We hope to receive from him, occasionally, an account of medical matters as they occur in Europe, to lay before our readers.]

*Paris, Oct. 21, 1848.*

DEAR SIR:—Some time has passed since I saw you in New York, and promised to communicate to you the address of the Parisian Medical Society. It would have given me much pleasure to have done so at an earlier day, but it is only within the last week that I have been enabled to learn the place of its meetings. The unsettled condition of political matters existing here has driven most of the foreign residents from the city, including many members of the society; and, in fact, the number left was so small that much difficulty has been experienced in keeping up the meetings, and, during the vacations, they have, as usual, been entirely suspended. Several young Americans, who are pursuing their studies here, are active members, and sustained the meetings for some time almost alone. It ought to be a gratifying reflection to the American medical profession that there exists, in the great centre of medical knowledge of the world, an association of its own members having for its object their mutual improvement and the general advancement of the science—it certainly is an evidence of their enterprize and enthusiasm. The society rooms are at No. 3, Rue Racine.



Presuming that you will like to hear something of what is at present interesting the profession here, I will fill my sheet with a very brief sketch of the first impressions which I received on visiting the hospitals, and a brief statement of a few of the most interesting cases that have occurred in them since my arrival. The bloody Revolution of June filled the hospitals with a most interesting class of patients, and presented a rare opportunity to those who were fortunate enough to be here at the time, for the study of gunshot wounds. On my arrival, two weeks afterwards, though the primary operations were over, and many of the worst cases had terminated, I found the hospitals crowded, and have had a good opportunity of observing the practice adopted by the different distinguished professors. My first visit was to the wards of M. Jobert, at the Hospital Saint Louis, where my attention was particularly attracted by his novel mode of treating fractures, which consists, as you probably know, in simple extension without the application of splints or bandages. The numerous cases of fractures of all characters in his wards gave a fine opportunity for testing the merits of his treatment, and I must say, that so far as my observations extended, the results were more favorable than my previous impressions had led me to anticipate. On an average, his cures were as perfect, and followed by as little deformity or shortening of the limb, as where the ordinary apparatus was employed. In cases of compound fracture, this mode possesses the advantage of affording a free escape to the abundant discharges attending cases of this character, and renders the treatment of the wound more easy and efficient. In the wards of Velpeau, Roux, and Blandin, the ordinary treatment of fractures is adopted, combined with excessive quantities of dressing to the wound of the soft part, in compound cases, which cause the limb to swell to an enormous size, and to present on their removal a perfect pool of pus, in which the whole limb is bathed, and by which the parts are so discolored that their real condition is discovered with difficulty. The universal practice here is to load wounds of all descriptions

with most excessive quantities of charpie, bandages, &c., and the antipathy to union by first intention seems to be universal. I have seen but one single case among 47 amputations where this result was secured or rather where it was permitted. Wherever you find amputations you will find discolored, suppurating, and often offensive stumps. On the whole, the treatment of gunshot wounds adopted here, has not impressed me favorably, and though there are many surprising recoveries, the general results have not been what I had expected from French surgery.

A statistical account will probably be published, embracing all the interesting cases which have occurred, and will probably furnish much valuable information on the comparative mortality from wounds of different regions. It is difficult to follow a sufficient number of cases to arrive at any positive results, unless one is connected with the hospital service; but, judging from all the information which I have been able to gain, wounds of the chest, after the mortality of the first few days, have been less fatal than those of the thigh, involving the femur. My impressions, in regard to the fatality of the former, have been considerably modified by what I have seen here. In a number of instances where the ball had traversed a portion of the lungs the patients have recovered, and in a still greater number where the ball had entered some portion of the chest, and the diagnosis was doubtful.

A case of wound of the brain occurred at La Pitie, possessing much interest, both on account of the time to which the life of the patient was protracted, and the physiological phenomenon which it presented. I saw the patient three weeks after he received the injury. He was slightly comatose; respiration slow; skin cool and moist, and exhibiting signs of capillary congestion; pulse slow, feeble, and compressible; pupil contracted, and partially insensible, &c. I learned that his symptoms had undergone a considerable change for the worse during the preceding twenty-four hours, and supposed that the coma would terminate in death. He was, however, bled

and purged freely, and within a few days was about, entirely relieved of the urgent symptoms. The wound was situated in the anterior and superior portion of the right parietal bone, and passed backwards, and a little inwards and downwards. It was suppurating, and contained a dirty looking slough. The motion of the brain was distinctly visible, and consisted in a *double movement*, the first and most forcible being synchronous with the contraction of the heart, and the *latter* with the *respiration*. The patient continued to improve up to the fourth week from the time that I first saw him, and, until a few hours of his death, seemed to be recovering. The particulars of the post mortem I could not learn, but understood that the ball was near the base of the skull, having penetrated the substance of the brain to about the depth of  $2\frac{1}{2}$  inches, and afterwards gravitated to the position which it occupied.

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#### ARTICLE X.

*Iodine an Antidote to the Venom of the Rattle-Snake.* By JAS. WHITMIRE, M. D., of Metamora, Ill.

I wish to say to the profession, through the North-Western Medical and Surgical Journal, that I believe iodine to be an antidote to the virus of the rattle-snake, and, in fact, the whole tribe of serpents.

My opinion, as to the antidotal property of iodine, has been confirmed by many cases that I could give from my case book, in which I used the tinc. of iodine alone, with the effect of putting an entire stop to the swelling and pain, in from twelve to sixteen hours. I have used it in bites of the rattle-snake, viper, and copper-head, on both man and beast, with complete success. My manner of using it is to paint the part that is bitten, and as far as the swelling extends, with three or four coats of tinct. (pharmaceutical strength) twice daily; and should the swelling

extend, which it almost always does after the first application, if made any time soon after the infliction of the wound, I follow it up with the paint. By the time the third application is made, the tumefaction will cease to extend, and three or four more applications will generally restore the limb, or part affected, to its natural state, save perhaps an obtuse sensibility to the touch, owing perhaps to the cuticle being destroyed, and some soreness of the muscles, which will remain a longer or shorter period.

A short history of my first acquaintance with this article may not be uninteresting to some of my readers. In June, 1846, I was reading a little work, by Dr. Guthrie, on the use of iodine, in enlargements of the joints, goiter, &c., where its remedial effects were ascribed to its tonic effect upon the capillary and lymphatic vessels of the part. During this time, a lad rode up to my office door, and said that his brother had been bitten by a rattle-snake, and wished me to see him immediately. I had just entered upon the duties of my profession, and, as a matter of course, to use a vulgar phrase, was stumped to know what to do for the boy. I had seen several cases of the kind, and some of them very troublesome ones, too, in which there had been used every thing that had ever been recommended, both by the profession and the old ladies. So that it was doubtful in my mind whether there was any remedy known that could be depended upon. I was satisfied that the immediate effect of the virus was a suddenly diffused, low grade of inflammation in the part in which it was injected, speedily extending its ravages until the whole system became a prey to its morbid influence; at which time, fever, parched tongue, delirium, &c., followed in the train. The immediate contact of the virus with the capillary and lymphatic vessels of the part is no doubt the cause of the tumefaction that immediately comes on; the virus destroying natural tone. Either the above is true, or the swelling is produced upon the principle of *ubi irritatio ibi fluxus*. This process of reasoning led me to a trial of the tinct. of iodine.

In about two hours from the time the boy was bitten, I saw him. He had received the wound about midway between the internal malleolus and the inferior portion of the os calcis; and the swelling had already extended to within three inches of the knee. There was severe pain in the part, nausea, and occasional vomiting. I proceeded to paint the foot and leg as high as the knee with four coats of the tinct. of iodine, and directed four more coats to begin at bed-time, and repeated in the morning. If the swelling extended above the knee, it was to be followed up with the paint. I then gave my patient a dose of Hoffman's anodyne, and a pretty active dose of Epsom salts, with directions to leave the leg uncovered the whole time, and took my leave. The next day the boy came to town, on horseback, to see me. The swelling had ceased to extend about twelve o'clock in the night, and at this time had decreased very considerably. In three or four days, he experienced no inconvenience from the bite, and went about his ordinary occupation. Since that time, I have had numerous cases of the same kind, all of which have terminated equally well under the same treatment. It is my opinion, therefore, that the iodine, being absorbed, comes in contact with the virus, and neutralizes it, at the same time, giving tone to the engorged capillaries of the part, enabling them to empty themselves of their engorgement. And, if the wound has been inflicted so long that there is effused serum in the cellular tissue, from debility of the vessels, the tinct. of iodine is none the less applicable, as it will speedily promote its absorption.

*October 24th, 1848.*

## Part 2.—Reviews and Notices of New Works.

### ARTICLE I.

*The Nature and Treatment of Deafness, and Diseases of the Ear, and the Treatment of the Deaf and Dumb.* By WILLIAM DUFTON, M. R. C. S. pp. 120 8vo. Lea & Blanchard: Philadelphia, 1848. (From the publishers, and for sale by J. Keene & Bro., Chicago.)

In consequence of carelessness and ignorance, in reference to a proper diagnosis and treatment of the diseases of the ear, the public pays but little regard to the character of the employee in their management, and our author very correctly says, in his preface:—

“In having recourse to the empiric in cases of deafness, the public has not been so much to blame as the medical profession, for, in general, a superficial examination of the external ear was all that the surgeon thought necessary to make, and the remedies he prescribed seldom gave any relief.” This is equally true, when applied to this country, as it is in Great Britain: and our enterprising publishers deserve the thanks of the profession for furnishing them with this little volume on a subject that we may safely say has received far less attention than its importance demanded, and in reference to which but little has been written. The great number of our population who are deaf and dumb, most of whom lose the sense of hearing in consequence of diseases of the ear, point at once to the importance of the subject, and show that an improvement in our knowledge of these diseases, and their treatment, is loudly called for.

Agreeably to the census of 1840, there were in the United States 7659 deaf and dumb persons; being about 1 to every 2000 of the population.



Although the eye is more exposed and more subject to disease, and although many diseases of the eye are destructive of the sight, still the proportion of the blind is considerably less.

In this comparison, it will be observed that only the deaf and dumb are considered, to which we may add a large number for those who have lost the sense of hearing at an age when they had acquired the power of speaking.

This is, probably, to a great extent, the result of an opinion which our author speaks of in his preface as obtaining to a considerable extent in the medical profession at one time, and which we apprehend is not entirely obsolete in this country yet, which is, "that diseases of the ear, producing deafness, could seldom or never be cured;" to which may be added such an entire want of knowledge on the subject, that few would be much better off without than with the influence of this opinion, while the eye has generally been studied thoroughly in its physiology, pathology, and therapeutics.

In view of this state of the case, and to call the attention of our professional brethren to the subject, we proceed to give a brief outline of the little work before us.

It is divided into four chapters. The first treats of "acute and chronic inflammations of the ear." The second of "diseases of the ear not purely inflammatory." The third of "nervous diseases of the ear;" and the last "on the treatment of the deaf and dumb."

We pass by the section devoted to the consideration of inflammations of the external ear, as they present no features peculiar or different from like conditions of other parts, and are treated upon the general principles by which other local inflammations are combatted. However, when the integuments lining the meatus auditorius externus are inflamed, the diseased action is quite prone to extend to the membrana tympani. Here we have a condition of danger to the integrity of the ear deserving attention.

The symptoms diagnostic of inflammation of the membrana



tympani, are the appearances of the membrane, it becomes reddened, the dullness of hearing, a sensation resembling the presence of a buzzing insect, with deep seated pain in the part, and general fever.

Mild cases may be relieved by fomentations to the external ear; in those that are more severe, leeches behind the ear, venesection, cathartics, and anodynes should be given; where these fail, our author recommends that a slight ptyalism be induced with calomel. The danger of introducing stimulating substances into the auditory canal, in inflamed conditions of the ear, as is generally practiced in all cases of ear-ache, is set forth, and the practice justly condemned by our author.

The unpleasant consequences of inflammation of the membrana tympani are thickening and ulceration of the membrane. As a local application, a solution of acetate of lead is highly recommended in the chronic form of the disease, especially where there are ulceration and suppuration. Our author insists very correctly upon the importance of frequent injections of warm water in chronic cases, for the purpose of removing the morbid secretions, that otherwise accumulate. The first part of the treatise is not so clear or concise as we could wish.

Section second treats of those affections from which deafness generally results. These are inflammations of the middle and internal ears.

Inflammation of the tympanum is treated as acute and chronic, under two heads. The acute is attended by decided febrile symptoms, which frequently are ushered in by rigors. Our author says:—

The first thing a patient complains of, in the midst of these symptoms, are acute pains deep in the ear, which are described as pricking, burning, tearing, boring, and dragging. These pains are usually confined to one ear, and are aggravated by every motion of surrounding parts, as in chewing, sneezing, coughing, stooping, and the like. The disease sometimes extends down the eustachian tube, over the pharynx and tonsils, and into the mastoid cells, and pains are felt over the temporal bone and towards the vertex or occiput. Sometimes

the mastoid process is tender on pressure, and not unfrequently the vicinity of the whole ear is swollen; the eye of the affected side becomes increasingly sensitive to light, is suffused with tears, and reddened. As the disease progresses, the fever augments, the nights are perfectly restless, pain in the head of a most insupportable character coming on, and is attended with delirium, frequently of the most violent kind. The pulse is hard and frequent, thirst great, urine scanty and high colored, constipation, great heat of skin, and, not unfrequently, vomiting. These symptoms continue, and in the course of a few days the patient dies with all the indications of inflammation of the brain. But it frequently happens that, in the midst of the most violent symptoms, a purulent fluid suddenly escapes from the tympanum or out of the meatus, or sometimes an abscess forms, which bursts over the mastoid process, and in these cases the matter is frequently bloody, of a very offensive character, and contains fragments of bone, and even the small bones of the ear. Sometimes the discharge of matter takes place from the eustachian tube, but in most cases the tube is closed, at the commencement of the attack, by adhesive inflammation, or from tumefaction of its walls.

This affection is frequently fatal in consequence of the disease extending to within the cavity of the skull, and to the brain.

The absence of disease in the external ear, ascertained by examining the auditory canal, and absence of a discharge during the first stages of the disease will serve to distinguish cases of this kind from external otitis.

The treatment in the first stages must be actively antiphlogistic, anodyne, and mercurial, according to our author.

When suppuration has taken place, and the pus is confined by the closure of the eustachian tube, the case is extremely difficult to manage. If, upon examining the membrana tympani, it be convex, while there is tenderness over the mastoid bone, our author thinks its puncture would be justifiable. The great trouble would be in ascertaining the convexity.

The chronic form of the disease is illustrated by an interesting case, with an *inspectio cadaveris*, in which disease of

the petrous bone caused an effusion of pus beneath the dura mater that had extended over a considerable portion of the skull before death. Two other cases are given, in which the patients were relieved by the use of injections through the eustachean tube by means of the catheter.

We next have internal catarrhal otitis, or inflammation of the mucuous membrane lining the tympanum. The closure of the eustachian tube in catarrh causes an accumulation within the tympanum that becomes, if the tube remains long closed, thickened by the absorption of the thinner portions, and the ear is partially exhausted. Opening the tube suddenly restores hearing with a cracking sound.

Obstructions of the eustachian tubes our author recommends to be removed by the catheter. And, inasmuch as the use of injections is advised, which have to be introduced to the middle ear by the catheter through the tube, our author gives quite a brief account of the instrument and its use, from which we quote the following:—

*Catheterism.*—The diagnosis, however, of obstruction of the eustachian as well as of muculent accumulations in the middle ear, can only be accurately made out by the use of the catheter. As the application of catheterism to the eustachian tube is not generally practised, although it has been known for some time, it may be as well to say a few words here on the subject. This operation, it appears, was first performed on himself by Guyot, a post-master, at Versailles, who suffered from deafness. He introduced into the eustachian tube through the mouth. Our countryman, Cleland, soon after performed the operation through the nose, and used for this purpose flexible catheters. But the catheter now most commonly in use, and which was recommended by Laissy and Itard, and used by Kramer, Pilcher, and other surgeons of eminence, is an inflexible silver catheter, about six inches long, and of a calibre varying from the size of a crow-quill to that of a large goose-quill. The extremity is well rounded, and it should have a curve at about five lines from the further end, which should correspond with the lateral situation of the mouth of the eustachian tube. The catheters should be graduated with inches, which will be found useful in their repeated introduction.

In passing the catheter, the instrument should be warmed and oiled, and passed along the floor of the nostril with the convexity upwards and the concavity downwards. It should then be gently turned just before it reaches the pharynx, so that the point shall be outwards and a little upwards, as the mouth of the eustachian tube is above the level of the floor of the nose. The operator will readily feel when the catheter slips into the orifice of the canal.

It is a pity our author did not give more minute directions in reference to the performance of an operation attended with difficulty, and from the proximity of the catheter to the carotid artery and the delicate nature of the ear, certainly with no little danger. We have no doubt that the operation of passing the instrument into the orifice of the canal may be safely performed, and this will allow of the introduction of injections, air, vapors, &c., but to dilate strictures of the tube, or remove clots of blood from the tympanum, we should think its use of doubtful propriety.

Many of the cases of obstruction of the eustachean tubes, for which perforation of the membrana tympani was recommended by Sir Astley Cooper, may be relieved by means of the catheter, through which air may be forced into the tympanum. But little is said, as little is known of the diseases of the internal ear.

Chapter second opens on cerumenous concretions in the auditory canal. These are easily detected by looking into the ear. A small piece of looking glass, to throw the rays of the sun into the auditory canal, facilitates examinations very much.

The treatment consists in syringing with warm water, at intervals of a few hours, until the mass is removed, and the use of sweet oil to keep the secretions soft. If any inflammatory symptoms attend it, counter irritation should be applied anterior to the ear. The following shows how carelessly even great men sometimes prescribe for the ear:—

Mr. Pilcher has related the case of a gentleman who had been afflicted with deafness of one ear for sixteen years, and

had consulted Sir A. Cooper, Dr. Armstrong, and other eminent men, who had ordered blisters, and various other remedies, without any effect. He was at last recommended to undergo a course of warm-bathing for his general health, and one day, when in the bath, he heard a loud report, and fancied some one had shot at him, and on looking round, he found something floating upon the water about the size of a pea, which, upon examination, proved to be a lump of hardened cerumen. From that time he heard distinctly.

The section on herpetic ulcerations of the auditory canal presents nothing worthy of note, save the recommendation of the black wash as an application to them, which we should think a good practice.

The section on foreign bodies in the ear gives some very good suggestions in reference to the danger of too rude an operation for their removal, which certainly should be effected with care of the integrity of the membrana tympani. The means of removing foreign bodies from the auditory canal are the forceps, the scoop, the hook and probe. The best instrument will be found in a pair of forceps, with thin narrow jaws, and so slightly curved, that when opened within the auditory canal, the backs and points of the jaws shall be in close contact with the walls of the passage, so that they may slip by to embrace the substance, be it what it may.

A case is reported, in which the use of instruments roughly, resulted in death.

The next section is on worms and insects in the ear. The presence of entozoa in the ear is certainly possible, but highly improbable. The larvæ of insects are much more likely to be found, as they sometimes are in considerable quantities. Some five or six years ago, an Irishman, who labored on the public works, and slept in a shanty, applied to us from "a roaring, like a cataract," in his ear. Upon examination, it was found to contain maggots, large and plump, rolling and tumbling over each other, as is their manner. With a small pair of forceps, we removed between thirty and forty at a sitting. Our author recommends that they be driven from

the bottom of the ear by oil of almonds, and then grasped with the forceps. Syringing and cleanliness of the ear are necessary as after treatment.

The last section in this chapter treats of polypi and excrecences of the ear. Fungous from an ulcerated condition of the walls of the canal is occasionally met with. The knife and caustic are the remedies.

Deafness is sometimes produced by the meatus being closed by a polypus. Polypi arise from the lining of the auditory canal, or the membrana tympani, and are attached by a foot stalk. The treatment is removal by the knife or ligature.

The chapter on nervous diseases has a section on erithitic and on torpid nervous deafness. The first is defined as consisting in augmented sensibility; the second in diminished irritability. The first is attended by tinnitus aurium, which increases with the progress of the deafness. It is absent in the latter.

In the first case, constitutional treatment is recommended to relieve every symptom of disease that occurs, and tonics, a change of air, and counter irritants behind the ear, are the remedies.

In torpid nervous deafness, there is a decidedly hereditary tendency; according to Kramer, one third of the cases being traceable to this cause.

The symptoms are dryness and insensibility of the external ear and auditory canal, whiteness of the membrana tympani, &c.

Our author relies much upon injections through the eustachian tube, and the introduction of etherial vapors for its cure.

The chapter on the treatment of the deaf and dumb contains some valuable statistics. Scarlet fever seems to be first in frequency as a cause. The following gives the author's experience, and his recommendations in practice:—

The author has lately had an opportunity of examining several deaf-mutes, whose hearing was lost after birth; and in most of these cases the eustachian tube was either partially or totally obstructed, and an obviously inflammatory state of



the throat existed. In one case, where the eustachian tube was free, the membrana tympani was thickened and opaque. In another, there was ulceration of the membrana tympani, with otorrhoea. In two cases there appeared to be no other disease than a narrowing or partial obstruction of the eustachian tube; and these individuals could distinguish and imitate sounds. How far these cases might be relieved, at this distance of time, by dilating the eustachian tube, and washing out the tympanum, is worthy of attention.

The treatment of these cases is often abandoned as hopeless. The author, however, has seen one case where hearing was restored by dilating the eustachian tube, and the application of the air-douche. In those cases where there is a deposit in the tympanal cavity in addition to the obstruction of the eustachian tube, it should be washed away by injecting water into the tympanum through the tube. The tympanum should afterwards have thrown into it an injection, composed of a small quantity of ether with water. In most of the cases examined by the author, there was an enlargement of the tonsils, with an inflamed state of the throat. In such cases, the throat and tonsils should be scarified, and where the tonsils are very much enlarged, they may be removed with a pair of scissors.

Children that are born deaf should have the eustachian tube explored as soon as their age will admit of it; and such children as have become deaf from disease, should be treated as early as possible.

We have thus given a synopsis of the work. It will be found useful, though much less extensive than one embracing the same range of subjects might profitably be; and embracing fewer subjects than might be advantageously comprised in a treatise on diseases of the ear.

An accurate and clear description of the anatomy and physiology of the internal ear would be an important prefix to such a work from the fact first mentioned, that too little attention has been paid the organ to for it to be sufficiently understood.

E.



## ARTICLE II.

*An Inquiry into the Degree of Certainty in Medicine, and into the Nature and Extent of its Powers, over Disease.* By ELISHA BARTLETT, M.D., Professor of the Theory and Practice of Medicine in Transylvania University, &c. Philadelphia: Lea & Blanchard, 1848. For sale by Keen & Brothers, Chicago.

The above is the title of a small volume filled with facts and arguments the most convincing and conclusive, to prove that medicine, as a science, has claims upon the the public confidence not to be disputed; and expressed in language so chaste and elegant that it may be classed with the very best literary productions of the day.

The author begins by stating, what we all know to be true that the enemies of the profession have been making unusual efforts of late to bring our honorable calling into disrepute, and to beget skepticism in the public mind as to its power of curing disease; and after commenting rather severely, but we think very justly, upon the views expressed by Dr. Forbes with regard to Homœopathy, in an article first published in the British and Foreign Medical Review, he informs his readers what the nature and character of the work is, in the following brief and concise language:

It seems to me high time, that a clear and earnest word should be spoken for the science which we study and teach, and for the art which we inculcate and practice. The interests of truth, of our profession, and of humanity, alike demand that the legitimate claims of medicine to the regard and confidence of mankind should be vindicated and maintained. And this is the task I have set myself. I wish to show as clearly and as positively as I can, the nature, and the degree of the certainty that belongs to medicine as a science, and as an art. In doing this, I shall deal but little in general assertions, unsustained by positive proofs, and not at all in empty and vague declamation; I shall state the reasons of the faith

that I profess, and I shall exhibit the evidence upon which it rests.

It will be seen by the above quotation that the subject chosen is one well adapted to the pen of a writer like Dr. Bartlett, who is well known to be a good reasoner, capable of stating his propositions clearly, and expressing his views and feelings in a manner peculiarly attractive and interesting.

The work is evidently intended as a defence of the science of medicine, for the benefit of members of the profession, who, from want of enthusiasm, or a knowledge of modern improvements, have become lukewarm advocates and defenders of its merits. It is also well adapted to counteract the influence of the misrepresentation and abuse heaped upon the profession of late, by the selfish and unprincipled advocates of Homœopathy, Hydropathy, and the thousand other pathys which have recently sprung up to satisfy the morbid popular appetite for humbug and chicanery.

It is to be hoped that the book will be sought and read by all such as are willing to be influenced by well established facts rather than by mere assertions from such sources as these, and who are capable of distinguishing sound reasoning from sophistry based upon false assumptions.

Our author's closing remarks upon the medical delusions of the present day, as compared with our time-honored science, as it has existed, "embodied in the lives and labors of its professors for two thousand years," are made "in thoughts that speak, and words that burn," and are too good to be lost to our readers, even for so short a time as will be required for them to procure the work, we shall therefore quote them entire.

I have already remarked that my inquiry has had especial and exclusive reference to the science and art of medicine, as this science and art have been generally taught, understood, and practiced, for the last two thousand years. Before concluding my subject, it is proper enough that I should say a word or two about certain medical doctrines, and systems of

practice, differing very widely from those which I have been examining and claiming to be sounder and more successful. I allude, as every body will at once understand, to homœopathy and hydropathy. It would have given me great pleasure to have instituted a fair and full comparison of these claims with those of what may be called, at least as a matter of convenience, and by way of marking the distinction, legitimate medicine. But the data essential to such a comparison do not exist; at any rate, I have been unable to procure them. I suppose the tables of Dr. Fleischmann, quoted by Dr. Forbes, furnished the most authentic and conclusive testimony that could then be found in favor of the superior excellence and efficacy of the homœopathic system. In regard to these tables, I can only repeat what I have already said, that they fail utterly and entirely of proving any such thing. Such tables prove nothing, except that a large proportion of certain diseases terminate in recovery, and a large proportion of others terminate in death,—a fact that stood in no particular need of any new proof. The nature of the evidence necessary in order to establish the actual and relative value of different remedies and methods of treatment, must be apparent enough to all who have gone through the present inquiry, although this subject has been only partially and incidentally considered. In the vast and complex science of medicine, this is the most difficult thing to be done. Its successful accomplishment requires a more thorough and exact knowledge of disease, a longer continued, more extensive, and more assiduous observation at its bed-side, sounder judgment, a more devoted loyalty to truth, more entire freedom from all prejudice and passion, a nicer analysis, a more rigorous and inflexible logic, than are necessary to attain any other end in the science. Now, so far as I know, and I say this deliberately and without qualification, homœopathy has, in no single instance, on a scale of sufficient magnitude to be of any value, complied with the conditions which are absolutely necessary in order to ascertain the actual and comparative efficacy of its methods of treating disease. If it has done so, I have failed to find it out. If it can point to any such researches as those of Louis, and Jackson, and Grisolle, I am yet to learn whose and where they are.

I shall now lay down my pen and close this inquiry with a single reflection. I think that medical art as it has been embodied in the lives and labors of its professors, during two thousand years, has been worthy its high vocation, true to its great trust, faithful to its almost divine mission, and that this

is more true of it now than ever it was before. I claim for it no exemption from the imperfections and frailties of all human concerns. I am very willing to admit that the personal conduct, and the scientific, professional, and general attainments of medical men have not always come fully up to the requirements and obligations of their position. Knaves find their way into all places, and

"Fools rush in where angels fear to tread."

Snobbishness, in the comprehensive meaning which Punch, in his genial pages of mingled wit and wisdom, has recently given to the term, is not confined to the other ranks and occupations of life; so much of it as appertains to the liberal professions has not been monopolized by the pulpit and the bar. Ignorance every day puts on the mask of knowledge, and pompous inanities pass current for the profoundest wisdom. Huge piles of stubble and rubbish are every year heaped up into shapeless ugliness, the fond builders believing all the while that they are rearing temples of adamant and marble, and the work goes bravely on to the admiring sound of braying asses, mistaken for the music of eternal fame. Sangrados ply the lancet and warm water in Paris as they did in Salamanca, and Sganarelles reason in the pages of the last journal as they do in those of Molière. Nevertheless, and notwithstanding all this, it is none the less true, that the obligations of the world to the science and the art of medicine, as they have been taught and practiced, are beyond all measurement or estimate. There is no process that can reckon up the amount of good which they have conferred upon the human race; there is no moral calculus that can grasp and comprehend the sum of their beneficent operations. Ever since the first faint dawn of civilization and learning, through

"The dark backward and abysm of time."

they have been the true and constant friends of the suffering sons and daughters of men. Through their ministers and disciples, they have cheered the desponding; they have lightened the load of human sorrow; they have dispelled or diminished the gloom of the sick chamber; they have plucked from the pillow of pain its thorns, and made the hard couch soft with the poppies of delicious rest; they have let in the light of joy upon dark and desolate dwellings; they have re-

kindled the lamp of hope in the bosom of despair; they have called back the radiance of the lustreless eye, and the bloom of the fading cheek; they have sent new vigor through the failing limbs; and finally, when exhausted in all their other resources, and baffled in their skill—handmaids of philosophy and religion—they have blunted the arrows of death, and rendered less rugged and precipitous the inevitable pathway to the tomb. In the circle of human duties, I do not know of any, short of heroic and perilous daring, or religious martyrdom and self-sacrifice, higher and nobler than those of the physician. His daily round of labor is crowded with beneficence, and his nightly sleep is broken that others may have better rest. His whole life is a blessed ministry of consolation and hope. Sweeter than the water-brooks to the panting hart are his kindly voice and his affectionate smile to the lonely presence of sickness, sorrow, and pain.

"At his approach complaint grew mild,  
And when his hand unbarr'd the shutter,  
The clammy lips of fever smiled  
The welcome that they could not utter."

With these convictions of the powers and capabilities of our art, and of the general worthiness of its practitioners, we may rest assured, if we are only true to ourselves and to it, that the regard in which it has been held since the days of Hippocrates is in no danger of being permanently withdrawn. We must needs be visited occasionally by medical as by manifold other delusions; but it is a part of their nature always to pass rapidly away and to be soon forgotten. They are like fluttering eddies that cross the main current of the Mississippi or the Amazon; to him who happens to be caught in the tiny whirlpools, they may seem like the majestic tide of the great river itself, but they are soon inevitably lost and swallowed up in the rush of its resistless waters, and appear, to be seen no more. No, there is no danger. The work of two thousand years is not to be demolished by the noisy clamor of a few penny trumpets. As certainly as there is truth in the foregoing inquiry, will the present feeling of distrust towards our science and our art pass away. The ancient confidence will be restored; the old love will come back again, truer and deeper for the transient and passing estrangement. The constellations themselves—Orion and Pleiades—are sometimes apparently blotted out from the

heavens, by the gorgeous glare of rockets and other artificial fireworks, kindled with sulphurous and nitrous compounds; but, courage! my friends, and a little patience,—the show will soon be over; the parti-colored flame that would rival and eclipse the planets is even now dying away; all that will remain of the blazing illumination will be some noisome gases in the atmosphere, and a few burnt out sticks on the ground; but lo! still looking down upon us, with their dear old smile of affectionate recognition, from their blue depths in the firmament, undimmed in their brightness and unchangeable in their beauty, the everlasting stars.

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#### ARTICLE III.

*A Dispensatory, or Commentary on the Pharmacopœias of Great Britain (and the United States); comprising the Natural History, Description, Chemistry, Pharmacy, Actions, Uses, and Doses of the articles of the Materia Medica.* By ROBERT CHRISTISON, M. D., V. P. R. S. E., President of the Royal College of Physicians of Edinburgh, Professor of Materia Medica in the University of Edinburgh, and ordinary Physician to the Queen for Scotland. Second edition, revised and improved, with a supplement, containing the most important new remedies; with copious additions, and two illustrations. By R. EGLESFIELD GRIFFITH, M. D., author of "A Medical Botany," etc., etc. Philadelphia, Lea & Blanchard, 1848. (From the publishers.)

The above is an excellent work, of 1008 closely printed octavo pages, and will bear a fair comparison with any other dispensatory. This we might expect from the known reputation of the author, who has devoted much of his attention to this branch of medical science. We have carefully examined this work, and can cheerfully testify to its merits. It is, as it purports to be, a "commentary on the pharmacopœias of



Great Britain (and the United States); and an extensive one it is, too; every article being treated of as fully as its importance demands. It gives in detail the natural history, chemistry, and commerce of medicines. All articles of acknowledged utility as medicinal agents are included in the work. Those medicinal plants indigenous to this country, and which did not find a place in the author's edition, have been added to this, by the American editor. The preface to the American edition says: "It will be found to contain very full and copious observations on the various preparations, not only of a theoretical, but also of an eminently practical nature. In the present edition, all the processes of the United States pharmacopœia have been added; and, also, a description of such articles as are recognized in that work, but not noticed by Dr. Christison, with an account of their preparations and uses. Many useful tables and other matter have likewise been added from Redwood's edition of Gray's supplement to the pharmacopœias."

All the late improvements in the pharmacopœias of Great Britain, as well as of the United States, are included; and, also, all that is new in the history, chemistry, and therapeutical application of medicines.

This edition is rendered still more valuable by wood-cuts of medicinal plants, apparatus, &c., with which it is copiously illustrated. It is in all respects brought up to the improvements of the present day.

We can heartily recommend this work as being one of the very best of the kind, and well calculated to supply the wants of the profession.

It makes a good text book for the student, and a reliable work of reference for the pharmacist and practicing physician.

J. McL.



## ARTICLE IV.

*Lectures on the Theory and Practice of Physic.* By JNO. BELL, M. D., Member of the American Medical Association, and of the Med. Society of the State of Pennsylvania, Fellow of the College of Physicians of Philadelphia, &c., &c.; and by WILLIAM STOKES, M. D., Lecturer at the Medical School, Park Street, Dublin, Physician to the Meath Hospital, &c., &c. Fourth edition revised and enlarged, in two volumes, pp. ; Philadelphia: Ed. Barrington & Geo. D. Haswell, 1848. (From the publishers, and for sale by J. Keene & Bro., Chicago.)

The fact of there being a demand for a fourth edition of Stokes' and Bell's Practice is sufficient evidence that the work is highly favored by practitioners and students as a book of reference and text book.

It contains, doubtless, as much if not a greater amount of useful and correct information than any other systematic work of the kind.

H.

## ARTICLE V.

*On the Cause and Treatment of Abortion and Sterility; being the result of an extended Practical Inquiry into the Physiological and Morbid Conditions of the Uterus, with reference especially to Leucorrhæal Affections, and the diseases of Menstruation.* By JAMES WHITEHEAD, F. R. C. S., Surgeon to the Manchester and Salford Lying-in Hospital. pp. 368. Philadelphia, Lea & Blanchard, 1848. (For sale by J. Keen & Bro., Chicago.)

This is the fullest and clearest account of these affections that has come to our notice. The work is full of interest to the practitioner, as embodying a large mass of physiological

and pathological facts, and the report of many cases of disease, showing the results of treatment.

We shall endeavor to give a more extended notice of it in our next. In the mean time, we have no hesitation in advising our professional brethren to buy and attentively read the work.

E.

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#### ARTICLE VI.

*The Principles and Practice of Modern Surgery.* By ROBERT DRUITT, Fellow of the Royal College of Surgeons. "Id potissimum agrus ut omissis hypothesibus in praxi nihil adstruat quod multiplici experientia non sit roboratum."—*Act. Erud. Sips.* 1722. A new American from the last London edition. Edited by F. W. SARGENT, M. D., author of *Minor Surgery*, etc.; illustrated with one hundred and ninety-three wood engravings, pp. 576. Philadelphia, Lea & Blanchard, 1848. (From the publisher, and for sale by J. Keene & Bro., Chicago.)

This is the best work of its size, on the subject of surgery, that has made its appearance on our desk.

For the use of the general practitioner, it may be preferable to many of the larger works, as it has the important facts he wants, in a more condensed form, from which he can get his information with less labor and time, if not with clearer views of the subject.

## ARTICLE VII.

*A Dictionary of Medical Science, containing a concise explanation of the various subjects and terms; with the French and other synonymes, notices of climate, and of celebrated mineral waters, formulæ for various official and empirical preparations, etc.* By ROBLEY DUNGLISON, M. D., Professor of the Institute of Medicine in Jefferson Medical College, Philadelphia. Seventh edition carefully revised, and greatly enlarged. pp. 912. Philadelphia, Lea & Blanchard. (From the publishers, and for sale by Keene & Bro., Chicago.)

A standard work so well known as Dunglison's Medical Dictionary, and admitted by all good judges, both in this country and in Europe, to be equal, and in many respects superior, to any other work of the kind yet published, needs no commendation from us.

The new edition, now before us, has been carefully revised by the author, so as to comprise all the new and interesting medical information acquired since the publication of the last. The mechanical execution of the work is equal to that of the best of Lea & Blanchard's publications. H.

## ARTICLE VIII.

*Transactions of the American Medical Association.* Instituted 1847 Vol. I, pp. 463. Philadelphia, printed for the Association, by T. K. & P. G. Collins, 1848.

Through the politeness of J. B. Herrick, M. D., Delegate of Rush Medical College to the last meeting of the Association, we have been favored with a copy of the above work. It contains first the proceedings of the last meeting of this body, a

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synopsis of which was given in a former number of this Journal. This makes 46 pages—the remaining 359 pages are made up of the reports of committees, which form highly interesting documents upon the several subjects which had been referred to them by the association.

The work can be had of the publishing committee, through their chairman, Dr. Isaac Hays, of Philadelphia. E.

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#### ARTICLE IX.

*An Account of some of the most important Diseases peculiar to Women.* By ROBERT GOOCH, M. D. With illustrations, second edition, pp. 322. Philadelphia, Ed. Barrington & Geo. D. Haswell, 1848. (From the publishers and for sale by Jos. Keene & Bro., Chicago.)

The style of Dr. Gooch is very entertaining, and frequently amusing; which, added to his strong practical judgment, and clear views, render his small volumes very attractive.

Although embracing a limited range of subjects, the work before us is good on those it treats of, and will make a valuable addition to the practitioner's library. The style of printing we can most cordially recommend on account of its clearness, and the size of the type. Many books are published in such small type, that to read them attentively, and, as physicians generally must, by candle light, most seriously injures the eyes. E.

## ARTICLE X.

*Memoranda on Anatomy, Surgery, and Physiology; forming a Pocket Companion for the young Surgeon or the Student, preparing for Examination.* By MARK NOBLE BOWER, Surgeon. Corrected and enlarged. By an American Physician. pp. 320, 18mo. New York, Samuel S. & William Wood, 1848. (From the publishers, and for sale by J. Keene & Bro. Chicago.)

The title given above sufficiently indicates the object of the small book before us.

We like the plan of combining instruction upon anatomy, physiology, and surgery, in the same volume, as it gives the student a better opportunity of observing the practical bearing upon other branches of the knowledge acquired during his investigations upon any one in particular. We cheerfully recommend the work to young practitioners and students, as being well adapted to recall to mind knowledge already acquired from more elaborate works. H.

## Part 3.—Selections

### ARTICLE I.

#### *On the Treatment of Cholera.*

(Monthly Journal, March 1848.) In a review of Parkes, Milroy, Giacomini and Cowdell on Cholera, we find the following remarks:

It is unnecessary, perhaps, for us to remark, that every possible kind of remedy, and plan of treatment, even the most opposite in their nature, have been proposed and employed in Asiatic cholera. This at once betrays the absence of rational indications based upon a knowledge of the pathology of the disease. It is not, then, our intention to draw up a catalogue of what the numerous individual experiences and ideas of practitioners have led them to recommend, but rather to place before our readers the views of our authors on the subject, and ascertain, if possible, how far they may reasonably be considered consistent with the known phenomena the disease presents.

According to Dr. Parkes, cholera runs a certain course. When the algid symptoms have once shown themselves, a case cannot be cut short. Even in the mildest forms warmth does not return for a long time; but, when the disease has reached its acme, the patient is invariably seen to remain in a peculiar state, during which time nature seems gradually to be repairing the injury which has been done. If respiration could be maintained—not the mere mechanical act of breathing in and out, but the chemical process in sufficient integrity to allow the blood to circulate through the capillaries of the lungs—nature would gradually bring about the cure. This is the great problem which medicine has to accomplish, and which, next to the discovery of some actual antidote to the poison itself, appears to be the most ready method of accomplishing the cure of cholera.—(*Parkes, p. 204.*)

According to Giacomini, the rational treatment consists in overcoming the phlebitis (venous congestion,) causing suspension of the circulation. For this purpose various hyposthenics

are indicated; but he says they are often useless, because there is a complete absence of assimilation in cholera patients.

The instantaneous dryness of the cellular tissue by the operation of the morbid matter absorbed, and the filled state of the veins are such, that at a certain epoch of the disease, there are no means of causing any remedy whatever to pass by assimilation into the blood. The skin is as if dead, and does not absorb, and what is introduced into the stomach only washes or encumbers the absorbing passages. Consequently the best indicated remedies are not digested or absorbed, the digestive organs and skin not lending themselves to this office, and the most powerful resources of art are rendered of no effect, in fault of a proper channel whereby they may be introduced into the blood.—*Annales*, p. 333.

Dr. Parkes makes exactly the same statement, saying—  
The great difficulty in the treatment of cholera, and the cause of the contradictory and opposing statements which have been made respecting the value of particular medicines, is to be found in the peculiar action of the choleraic poison. This action by arresting the circulation, and thereby rendering absorption difficult, opposing itself to the common method of administering remedies. After a certain period of the disease, medicines remain in the stomach, and do not pass into the circulation, or do so with great difficulty and slowness. At least this is to be inferred, both from the circumstance that in the advanced stage, calomel, acetate of lead, kreosote, opium, turpentine, &c., have been found in the stomach hours after they have been taken, and that fluids taken to appease thirst, remain in and distend the stomach, if they are not vomited, and also from the evident languor and delay of the circulation,—states which are considered unfavorable for absorption.—p. 200.

As medicines, therefore, cannot with any good effect be given internally, other means must be adopted for overcoming the congestion. Of these the most powerful seems to be bleeding, cold to the surface, and injections into the veins. Let us examine what our authors tell us regarding each of these means of cure.  
**Bleeding.**—Dr. Parkes states that the benefit resulting from bleeding was generally more marked according as the disease was in its earliest stage, and according as it tended towards the several varieties of pseudo-cholera.

In these latter cases the employment of blood-letting was sometimes followed by very striking results, particularly in those cases attended by a full pulse, and severe general spasms.



For example, I saw a stout European soldier one hour after admission into the hospital: he was violently purged and vomited, and laboring under the most severe and frightful spasms. They were general and quite tetanic in character; the pulse was hard and sharp; the skin was warm. He had been treated with calomel and opium without benefit. I immediately opened a vein, and took away forty ounces of blood before the spasms ceased. I then gave him Tinct Opii, ʒj. and repeated it in an hour. The pulse immediately after the bleeding became fuller and less resisting, the vomiting, purging, and spasms ceased, a gentle perspiration appeared on the skin, and he recovered without another symptom of any kind. It was the most striking instance I ever saw of pseudo-cholera being cut short.—p. 207.

In the advanced stage he does not think it so useful, although if it do no good, it seems not to be injurious, and occasionally relieves the painful dyspnoea and oppression at the heart. It is, however, very difficult to get blood at this period; it flows from the arm in drops, and warm fomentations are often necessary even to procure these. According to Giacomini—

Blood-letting, as a rule, ought to be practised largely, with a view of preventing the phlebitis, the dilatation of the veins, their engorgement and their immobility. We say, as a rule—for if we wait until dilatation be effected and permanent, the blood only flows drop by drop, and all that is obtained only serves to empty the inferior part of the vein opened, without producing any advantage to the patient—we say, blood-letting ought to be large; for if the quantity extracted does not correspond to what is indicated the bleeding is of no effect, and, as the disease makes progress, inexperienced persons attribute to the bleeding the exasperation of the malady.—(*Annales*, p. 333.)

Bleeding, when it can be practised, therefore, seems not only theoretically valuable in order to remove the venous congestion, but when employed judiciously, has been found practically beneficial.

*Cold to the surface.*—Empirical practitioners, amongst whom we must place Dr. Milroy, naturally conceive, that when so much coldness of surface exists, heat is directly indicated. He says—

The first thing to be done is to have the patient at once stripped and enveloped in blankets. The application of bottles of hot water, bags of hot salt or bran to the feet, be-

tween the legs, and along the course of the spine, will always be useful in increasing the warmth of the general surface. This is a point of great importance; as the cutaneous circulation is all but arrested, and the blood is consequently accumulated in the internal viscera. The sympathy between the skin and alimentary canal is known to every one by experience. Cold feet will often cause severe pain in the stomach and bowels; and, on the other hand, indigestion and diarrhoea are almost invariably attended with a chilly state of the surface. The removal of the exciting cause in either case will speedily relieve or altogether dissipate, the superinduced symptoms. How important then it must be, to act upon this therapeutic principle in a disease like cholera, in which the whole body is marbly cold, and the gastro-intestinal canal is so strangely and violently perturbed!—p. 43.

Yet this seems perfectly hypothetical, and constitutes an admirable commentary on the inutility of the empiric practice generally, which instead of seeking to remove the pathological cause of the disease, loses time in vainly endeavoring to alleviate the individual symptoms presented. How opposite are the statements of Parkes and Giacomini. For instance, Dr. Parkes says:—

Warm-baths, vapour-baths, and warmth applied in any way to the surface, never appeared to me to be of the slightest service in true cholera. The spasms were sometimes relieved, but the algid symptoms were almost invariably increased. The depressing effects of the warm-bath were sometimes marked and unmistakable. I have seen a man walk firmly to the bath, with a pulse of tolerable volume, and a cool but not cold surface, and in five or ten minutes have seen the same man carried from the bath, with a pulse almost imperceptible, and a cold and clammy skin. I cannot find in my notes a single case in which the warm-bath appeared beneficial. It is, indeed, unlikely that the attempt to restore warmth by these trifling means, when the grand source of animal heat is so disordered, can ever be successful. Several writers have also recorded their belief in the inutility of this measure.

Cold to the surface was a measure much more grateful to the patients than warmth. This might have been anticipated also from the way in which the bed-clothes are thrown off, so as to expose the surface freely to the air. The cold affusion, even in the last stage, two or three hours before death, sometimes caused the pulse to become again perceptible. Perhaps the application of cold to the surface may affect the respira-

tion in some way; the gasping inspiration which the shock of the falling water generally induces, may influence the circulation in the lungs, like the first impression of the cold air on the newly born infant. But unfortunately, after a short time, the reviving effects of the cold affusion disappear, and the case resumes its former course. The use of large fans and punkahs, causing a blast of air upon the body, seemed to me to be occasionally useful, and to be generally agreeable to the patient.—(*Parke*, p. 209–211.)

Again *Giacomini* observes—

What seems wonderful and incredible is, that the cold bath during the algide period should be immediately followed by heat of skin, elevation of the pulse, cessation of the cramps, and freedom of respiration, as I have observed this very morning (7th July 1836.) In my opinion, therapeutics up to this time does not possess a more efficacious and prompt remedy wherewith to combat the cholera than the cold bath, the passage in the vessels being obstructed by vascular hyposthenics. It is important, however, that in this mode of treatment the cold application should not be alternated with warm, as the employment of these last may become very hurtful.—*Annales*, p. 333.

Cold baths repeated morning and evening have done prodigies; not only the heat and pulse have reappeared by this treatment; but bleeding, impracticable until then, became possible, and the disease was overcome in the majority of cases most grave.—(*Ibid.* p. 334.)

We leave, then, our readers to judge whether an empirical or rational practice should be followed in the application of heat and cold.

*Injections into the Veins.*—We have already seen that medicines will not pass into the blood when taken by the mouth; their direct introduction therefore into the circulation by means of injection, although a bold practice, seems to be perfectly warrantable. The immediate effects produced by saline injections of *Dr. Latta* of *Leith*, and *Dr. Mackintosh* of *Edinburgh*, under the idea that the salts in blood were defective, have been described by all who saw them to be most extraordinary. They dissolved  $\frac{3}{4}$ ss of muriate of soda, and  $\mathfrak{v}$ iv of sesquicarbonate of soda in ten pints of water, at a temperature varying from  $106^{\circ}$  to  $120^{\circ}$ Fh., which were injected slowly, half an hour being consumed in the process. After the injection of a few ounces, the pulse which had ceased to be felt at the wrist, became perceptible, and the heat of the body

returned. By the time three or four pints had been injected the pulse became good; the cramps ceased; the body that could not be heated was rendered warm, and all other symptoms were alleviated. These magical effects, however were not lasting. The discharges continued, and the evacuations became even more profuse; the patient now relapsed into his former condition, from which he could again be temporarily roused, by repetition of the injection; the amendment, however, was more transient, and death followed.

Dr. Parkes says, that in some cases which he witnessed in India, he did not see the temporary vivifying effects which generally followed the employment of these injections in Edinburgh; he therefore determined on trying some other agent.

I still thought that alkalies and salines seemed indicated by the evident occasional escape of the water and salts of the blood, and I fancied some benefit might result from an attempt to supply to the system a proteine compound; although of course, I could form no conception of the probable mode in which such an additon could be useful. I determined, therefore to inject into the veins an alkaline solution of albumen. I shall now detail, as briefly as the subject will permit, the few cases in which these injections were used. In all these cases I believed the patients doomed to an inevitable death. I did not consider myself authorized to try an experiment of so serious a nature on a man, while there yet remained a chance of his rallying under the ordinary treatment. Consequently, I must premise, the plan was tried under the most unfavorable circumstances.—p. 219.

The solution injected was composed of sesqui-carbonate of soda 3iv; chloride of sodium, 3ij; the albumen of one egg; and four pints of water, at a temperature of 98°Fh. The flakes of coagulated albumen were separated by filtration, and the fluid was slowly injected in five desperate cases. We regret that our space will not allow us to give the details of each. Suffice it to say, that there was, as in the case of purely saline injections, a marked temporary improvement, but they all ultimately died. Dr. Parkes observes—

My own impression is still somewhat in favor of this practice. All these five cases were of the worst kind; there did not appear to be a chance of recovery for any of them under the ordinary treatment, and yet one was certainly carried through the cold stage, and, if differently treated during the consecutive fever, might have been completely cured. I think

also that the alkaline solution might have been made weaker with advantage, and other ingredients might perhaps have been added.

The operation should I think, be again tried; it is very simple, it gives no pain, for in this stage of the cholera the skin is almost insensible; and it can do no harm to the patients, who are, in fact, doomed to almost certain death. The possible supervention of phlebitis in an after stage should, I think, be disregarded; this disease is less formidable than cholera. The injection is not to cure cholera, but to restore and to sustain the circulation for some few hours, until the healing force of nature may repair the lesions of the blood and restore to the vitiated fluid its normal composition.—p. 237-9.

On the whole, we agree with Dr. Parkes in thinking, that injections into the veins, perhaps somewhat modified, deserve a more extensive trial.

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## ARTICLE II.

*On the Semeiology of the Tongue.* By SAMUEL WRIGHT, M. D., of Birmingham.—(Clinical Lectures in Medical Times.)

Whilst some are disposed, in a prodigality of prejudice, to look upon the tongue as pathognomonic of nearly all the "ills that flesh is heir to," others make comparatively light of it, and consider its testimony as little trustworthy. To be amongst the best judges on the subject, is to belong to neither of those parties. As a rule, the tongue is a very faithful indication of the condition of the alimentary organs; but its evidences are not unexceptionable. A furred tongue, for instance, is a common indication of dyspepsia, but it is not a constant one. We sometimes meet with irritable nervous subjects, whose tongues are habitually furred, yet without any signs or symptoms whatever of gastric derangement. Others, again, will have clean tongues, and of natural redness, whilst they are suffering from severe stomach disorder. Various circumstances exert a remarkable influence upon this organ. Some people, otherwise healthy, get a furred, clammy tongue,

if their stomachs are empty a little longer than usual. Others have their tongues always furred when their stomachs are full; the coating continues only during digestion, and passes off as this function ceases. Mental and moral emotions affect the condition of the tongue in a singular manner; perhaps it never becomes morbid without the nervous function, in its higher offices, being somewhat implicated. This would explain why a furred tongue is so rarely met with in the inferior animals. It may happen, and I think not unlikely, that in dyspepsia, the disorder the brain suffers, sympathetically with the stomach, has as much share as this organ itself in giving the tongue its characteristic coating. Certain it is, as I have said, that the feelings of the mind will, in a very few minutes, render a clean tongue a foul one. This is a subject which I have been induced curiously to inquire into for some years past, and I have seldom met with an exception to what I have just observed. Among the profoundly studious, amongst those terrified by sudden apprehensions, or shocked by the sudden advent of ill news; among the hypochondriacal, hysterical, gloomy, and desponding, you will find many examples of the mind's influence, in this particular, upon the body. A patient of mine, living near this town, will well illustrate what I say. He is a man of remarkably good constitution, and moulded like a miniature Hercules. Moreover, he has no incumbrances; an excellent mercantile business, that takes up little of his time, is partial employment for him, leaving him many leisure hours in every day that he has some difficulty in disposing of. This he chiefly occupies in fancying himself the victim of all possible kinds of ailments. There is no disease in the nosology too much for his imagination. Of course, these things are all imaginary, and tiresome enough to listen to, when your judgment and sense of justice tell you that it is not a case for "physic and a physician." You will anticipate my saying that this gentleman is possessed of a most unfortunate nervous sensibility, which chiefly manifests itself in an ideal pathology, all reflected upon his own person. The peculiarity in point, however, which I chiefly wish to speak of, refers to his tongue. I had never seen him with this organ quite clean (although I have not once attended him for dyspepsia), yet the readiness with which it acquires a fur is very remarkable. Many times have I examined his tongue, and found it comparatively what it ought to be, before hearing a recital of his imaginary maladies; and after this, in some quarter or half an hour's detail, that same tongue has put on



an aspect almost like that of flannel. I am at this time attending with Mr. Carter, a patient, one amongst the pitiable many who have seen better days. I shall take occasion hereafter to give you his case in due detail, but for the present, I may observe that his tongue has the peculiarity characteristic of the one just spoken of. I should premise, however, that there is a fancied trouble in the one instance, and a matter-of-fact one in the other. Four days ago, in calling upon the gentleman I am now alluding to, one of the first things I did was to look at his tongue. I found it, as usual, very pale, flabby, and moist, but without any coating. After having made other necessary inquiries, I was informed by my patient that his heart, which has long been disturbed by mental emotion, the other night beat with unusual vehemence and irregularity. On my asking if he could account for it, he told me that he had just then received the distressing intelligence that an uncle, from whom he expected a competency, had not left him a shilling! This pitiable tale, told with much earnestness and visible feeling, occupied little more than twenty minutes; at the end of that time I again looked at his tongue, and found it coated with a thick, white fur!

I mention these things, thus generally, to you, not only as items in pathology with which you ought to be made familiar, but also as suggestive of a discreet rule of practice, viz.: to let the examination of a patient's tongue be *one of your first duties at his bedside*. My own experience, perhaps not inconsiderable on this point, enables me to say that in nine cases out of ten, and more especially among females, the tongue will be found, on first entering the room, in a very different state to what it is after half an hour's questioning and manipulation.—*South. Med. & Surg. Jour.*

### ARTICLE III.

#### *Influence of Quinine on the Volume of the Spleen in Ague.* (Lancet.)

M. Valleix, physician of the Hôtel Dieu, has directed his attention to the action of the sulphate of quinine on the volume of the spleen in intermittent fever. He has done so to test the accuracy of a statement made by M. Piorry, that the disap-



pearance of the paroxysm coincides with the diminution of the volume of the spleen; that this organ sensibly diminishes in thirty or forty seconds after the administration of a full dose of quinine, in solution, and acidulated; that the diminution goes on very rapidly if the quinine be continued in a sufficiently large dose. M. Gouraud having examined into this matter, however, states that he has not found the spleen thus diminished, but that, in consequence of an accumulation of gas in the stomach, from the injection of the quinine, the left hypochondrium is rendered sonorous, and the dulness over the spleen becomes masked. These opposite statements M. Valliex has kept in view in making some fresh observations. He narrates a case, and its course; quite a simple case of ague, occurring in a young and robust man, who had never suffered before. It was a recent case, and there were no evidences of organic diseases in any organ; the spleen had undergone very considerable enlargement, being readily perceived through the abdominal wall, and therefore its size could be estimated with the greatest precision. The sulphate of quinine, although given in a very strong dose of thirty grains, and acidulated, so as to render the salt a bisulphate, did not act, as represented by M. Piorry, on the volume of the spleen, neither at the end of forty seconds, nor of twenty minutes, nor even of twenty-four hours. The medicine also had no such power when given in still greater quantity, but divided, during the day, into several doses, and continued on succeeding days. But after the application of cupping-glasses and leeches over the splenic region, the volume of the spleen, on the contrary, diminished rapidly, although the dose of quinine was abated. Lastly, notwithstanding the persistence of the splenic engorgement, the fever was cut short, and there was no trace of a recurrent paroxysm.

Another equally uncomplicated case occurred to M. Valliex, and the same method being tried, was attended by the same results. It must, however, be mentioned, that three days after the first dose of quinine, a slight diminution of the spleen was noticeable; but this little decrease, which, perhaps, too, was partly owing to a bottle of eau de Vichy, which the patient took, was lost sight of when compared with the rapid diminution which followed two days afterwards, when cupping-glasses were applied over the spleen, and which continued to go on. In this case, also, as in the preceding, although the enlarged spleen remained, the fever was removed.

The third case differed from the two preceding, in that it

was of older date; but there was no essential difference in the effects of the treatment. The spleen remained unaffected in size during the first day, when quinine alone was given; but quickly decreased after local bleeding, although the dose of quinine was lessened. The fever was removed before the engorgement of the spleen had subsided.

Thus these observations contradict the assertions of M. Piorry, both as to the coincidence of the disappearance of the fever, and the decrease of the spleen, and as to the immediate and prolonged influence of quinine in diminishing the splenic congestion. M. Valleix also confirms the observation of M. Gouraud as to the formation of gas in the stomach upon the quinine being swallowed, augmenting the resonance over the left hypochondrium, and so hiding the dulness over the solid spleen beneath to a slight extent; not so much so, however, but that palpation and percussion will readily detect the engorged organ.—*Ibid.*

#### ARTICLE IV.

*Statistics of Amputations in the New York Hospital, from January 1st, 1839, to January 1st, 1848.* By HENRY W. BUEL, M. D., Resident Surgeon.

[The following summary is made up from tabular statements by the author, and gives the general results, which are highly interesting.]

It will be seen that the whole number of amputations here presented amounts to ninety-one; of which, twenty-six were fatal; making the mortality 28·57 per cent.

Of amputations at the hip-joint there was one, and that fatal.

Of amputations of the thigh, the whole number was thirty-four, of which ten were fatal; making the mortality 29·41 per cent.

At the knee-joint there was one amputation, and that fatal.

Of amputations of the leg, the whole number was twenty-four, of which seven were fatal; making the mortality 29·16 per cent.

Of amputations at the shoulder-joint, the whole number was nine; of which four were fatal; making the mortality 44·44 per cent.

Of amputations of the arm, the whole number was eleven, of which none were fatal.

Of amputations of the forearm, the whole number was thirteen; of which three were fatal; making the mortality 23·07 per cent.

So that we have sixty amputations of the lower extremity; of which nineteen were fatal; making the mortality 31·66 per cent.

While of thirty-three amputations of the upper extremity, seven were fatal; making the mortality 21·21 per cent.

With regard to the methods employed in these various operations, the reports of the cases do not, in every instance, specify the method; but in forty-nine cases (the whole number in which it is specified), twenty-four were performed by double-flap operation, and twenty-five by circular operation. Of the first number, four were fatal; making the mortality 17·66 per cent. Of the last, three; making the mortality 12 per cent.

Of the double-flap operations, there were fifteen of the thigh, of which two were fatal; three of the leg, of which one was fatal; four of the arm, and one of the forearm, of which none were fatal.

Of the twenty-five circular operations, six were of the thigh, of which none were fatal; fifteen were of the leg, of which three were fatal; three were of the arm, and one of the forearm, of which none were fatal.

Secondary hemorrhage occurred in only one of these forty nine cases, and in that, it occurred twice.

There were, in the whole number, two other cases, making, in all, three cases of secondary hemorrhage. The greater mortality of the flap operation may, perhaps, be attributed to the greater proportion of thigh amputations performed in that manner.

As to the question, whether primary or secondary amputation is preferable, it is evident, that an equal number of similar cases should be selected from each class, in order to institute anything like a just comparison. It is customary at the New York Hospital, when amputation is demanded after severe injuries, to operate before the accession of inflammatory action. So that, strictly speaking, the occasions for secondary amputations will be comparatively rare.

Of the whole number of amputations, sixty-two were the result of injuries, and were fatal in nineteen cases; making the mortality 30·64 per cent.

Of these, thirty-six were primary amputations; of which there were of the hip-joint one, and that fatal; of the thigh, seven, of which four were fatal; of the leg, twelve, of which five were fatal; of the arm, seven, and of the forearm, five, of which none were fatal. Making the mortality 27·77 per cent.

The remaining twenty-six amputations may all be said to have resulted from injuries of a more or less severe character; but, as will be seen, they were performed at very different periods after the original injury.

Of this number, eleven were amputations of the thigh, of which three were fatal. At the knee-joint, one, which was fatal; of the leg, seven, of which one was fatal. At the shoulder-joint, five, of which three were fatal; of the arm, one, and of the forearm, one, of which neither was fatal; making the mortality 30·76 per cent.

The number of operations for various chronic affections was twenty-nine, of which six were fatal. Of the thigh there were eighteen, of which four were fatal. Of the leg, five, of which none were fatal; of the arm, three, of which none were fatal; of the forearm, four, of which two were fatal; making the mortality 20·67 per cent.

The ages of the patients operated upon were as follows:—

Under 10 years of age,	4,	of whom	1 died.
Between 10 and 20,	11,	"	1 "
" 20 and 30,	32,	"	12 "
" 30 and 40,	21,	"	5 "
" 40 and 50,	11,	"	4 "
" 50 and 60,	9,	"	2 "
" 60 and 70,	2,	"	0 "
" 70 and 80,	1,	"	1 "
	91		26

The whole number of females was nine, of whom three died.

Of the minor operations upon the lower extremity, during the same period of time, the following is a statement. There have been two partial amputations of the foot, through the articulation of the tarsus, and two through the metatarsal bones. In one of the latter cases, amputation through the whole five metatarsal bones was performed. In another, it was done through the first metatarsal bone. Disarticulation of the great toe was performed in thirteen instances, and amputation through one of the phalanges in two instances; of

which operations in the great toe, ten were for frost-bites, and the others for injuries of various kinds. Disarticulation of one of the lesser toes in six instances, and through the phalanges in four; of which seven were for frost-bites, and three for injuries of various kinds.

Upon the upper extremity, amputation at the first carpo-metacarpal articulation in two instances, and, in one instance, the second and third; in another, the third and fourth; in another, the third, fourth, and fifth; and in another, the fifth metacarpal bones were removed at this articulation. The thumb was amputated at the metacarpo-phalangeal articulation, in five instances; through the first phalanx in one, and at the phalangeal articulation in one instance. One patient had amputation performed through three of the metacarpal bones of the fingers; another, through two; and three others, each through one of those bones. Amputation of the finger was performed at the metacarpo-phalangeal articulation in twenty instances; through the first phalanx in one instance; at the first phalangeal articulation in five instances; through the second phalanx in one; at the second phalangeal articulation in five instances, and through the last phalanx in one instance. Seventeen of these operations were for gun-shot wounds. None of the minor operations, upon either extremity, proved fatal.

Such being the facts in regard to the mortality of these operations, a word concerning the causes which have produced it. Mr. Phillips attributes the increased mortality in the city of London to the greater number of railroad accidents that have happened within a few years past, and the same cause has undoubtedly produced a similar effect here. It will be readily admitted that this class of accidents presents some of the most formidable, or even desperate cases in which amputation is ever demanded. In these cases the injury on account of which the operation is indicated, is most commonly attended with others of a serious character. Such patients, also, are not only very frequently without surgical attendance for many hours, and even for days, but are subject to the additional hazard of transportation from a very considerable distance. Under this head might also be included a similar, and not uncommon class of accidents occurring at the landings of ferries. Making a distinct class of these injuries, it will be found that thirteen of the capital amputations above mentioned, were the result of such casualties, and no less than six of them unsuccessful.

Another class of accidents, which presents equally desperate cases, is that of extensive burns. Every one is aware of the great mortality which attends these accidents, where a great extent of surface is involved. Six amputations were performed for this cause. Two of the patients were males, and four were females; of which number three females died. Here, then, are two classes of amputations, in each of which, the mortality is nearly fifty per cent.

Two patients died of phthisis, after amputation of the forearm had been performed, for scrofulous disease of long standing. Two patients died of tetanus, one upon the ninth, and the other upon the seventh day, after amputation at the shoulder joint.

Four amputations were performed for malignant disease; of this number, three were so far cured, as to leave the hospital with a fair chance of reprieve for some time longer. One case was fatal; the disease in that instance attacking the lungs after the patient had so far recovered from the amputation, as to be up, and about his ward. In the successful cases, the recovery seems to have been very rapid.

Fourteen amputations of the thigh were performed for disease of the knee-joint. Only two of these cases were fatal; the patients in both instances being black men. Including those just mentioned, four of the patients operated upon were blacks, and of these, three died; a fact which, so far as it goes, tends to corroborate the common impression that amputation, or any severe operation, is not as well borne by blacks, as by whites.

By far the most common cause of the minor operations upon the upper extremity, was gunshot wounds, and upon the lower extremity, exposure to cold.

On the whole, then, though the mortality after capital operations of this class appears at first sight very great, it is impossible to avoid the conclusion that this result occurs rather *in spite*, than *on account*, of the operation itself. To adopt a contrary opinion, would be as rational as to condemn any agent in the materia medica proper, on account of the mortality which might happen, at any period after its administration.

The results obtained above, are similar in character to those presented by Drs. Norris and Hayward, in their respective papers upon this subject. In some particulars, they are less favorable than theirs, in others more so; accurate estimates, however, can only be formed from a large number of cases.

It would have been interesting, if those gentlemen had made



separate classes of the amputations at the different joints, so as to show their comparative danger.

The very great mortality attending this class of operations in the Parisian hospitals, renders such information particularly desirable. Dr. Norris, however, mentions several amputations "at the joints," of which four were cured, and three died. He has given a record of eighty amputations performed upon seventy-nine patients during ten years; while Dr. Hayward has reported seventy amputations performed upon sixty-seven patients during about eighteen years. So that we have an aggregate of two hundred and forty-one operations performed on two hundred and thirty-seven patients in civil hospitals in the United States, and under circumstances as nearly similar as we could expect to obtain. A brief summary of these data with regard to two or three of the more important points, is herewith presented:

	Philadelphia.	Boston.	N. York.	Total.
Whole number	79	67	91	237
Cured	57	52	65	174
Mortality per cent.	27.84	22.38	28.57	26.58
Upper extremity	32	10	33	75
Cured	27	9	26	62
Mortality	15.62	10	21.21	12.73
Lower extremity	47	57	60	164
Cured	31	43	41	115
Mortality	34.04	24.53	31.66	29.87
For chronic disease	25	45	29	99
Cured	21	39	23	83
Mortality	16	13.33	20.68	16.16
For injuries	54	22	62	138
Cured	37	12	43	92
Mortality	31.48	45.45	30.64	33.33

In the foregoing table, it will be seen that the numbers given, are those of the patients operated upon. The comparison might be extended to other points, but it is unnecessary to do so at this time.

The results here shown are not discreditable to American surgery, as compared with European. Mr. Phillips gives the following, as a statement of the cases collected by him:

In France	203 cases	47 deaths, or	23.10 per cent.
In Germany	109 "	26 "	23.85 "
In America	95 "	24 "	25.26 "
In Great Britain	233 "	54 "	22.66 "

These statistics were obtained from a great variety of sources, by Mr. Phillips. He does not particularize the sources of his information with regard to America. Those in Great



Britain were "drawn from a large number of hospitals, and from the *private practice of hospital surgeons*, selections being made, so as to render the result shown, a fair representation of what actually occurs."

Looking at single places, we find that,

For London, the cases amount to 107, and the deaths to 28; or 26.16 per cent.

For Paris, according to M. Malgaigne, the cases amount to 560, the deaths to 299, or 53.39 per cent.

For three of our principal cities as given above, the cases amount to 237, the deaths to 53, or 26.58 per cent.—*Am. Jour.*

## ARTICLE V.

*Clinical Lecture on Aphonia and Stammering.* By CHARLES A. LEE, M. D. Delivered before the Medical Class of Geneva College.

**GENTLEMEN:**—The case presented before you is, in some respects, a remarkable one. This boy, who is now between four and five years of age, was attacked about a year since with fever, attended with a good deal of cerebral disturbance, manifested by delirium, &c., which persisted for several days. He soon, however, began to convalesce, and in a few weeks had recovered his usual degree of health. It was soon apparent, that he had entirely lost the faculty of speech. While convalescing, he was able to utter a few words, but he soon lost the power of articulation, and at the present moment, he is unable to utter a single intelligible sound; although, previous to his sickness, he was as talkative as boys generally are at his age. The parents have sent him here, from a distance, to see whether something can not be done for him, and it is our duty to examine the case, therefore, as thoroughly as possible, to ascertain if the defect may be remedied. In the first place, I would observe that the hearing of our little patient is as acute as it ever was, he understands apparently what is said to him; does as he is ordered; and judging from the expression of his features, we should pronounce him possessed of some considerable degree of intelligence.

You are aware that the formation of perfect vocal tones presupposes the possession of the sense of *hearing*; persons are dumb *because* they are deaf. They may utter a series of harsh sounds, (I speak of those born deaf) but even this is accomplished with the greatest difficulty; they can, to a very imperfect degree, learn the movements of articulation by means of their sight, so that it is not uncommon, to find some deaf persons, who understand what is said, by watching the motions of the lips and tongue of the speaker, but yet, if born deaf, such individuals, can rarely utter more than some harsh sounds like the inferior animals, for the want of hearing to regulate their articulation. For this reason, most of the attempts to teach the deaf and dumb to speak, have hitherto proved unsuccessful, although some instances are recorded, in which deaf persons have been able to carry on conversation in the regular way, regulating their voices by their voluntary power, guided by muscular sensation. It is not, then, from deficiency, or absence of this faculty, that our patient is unable to articulate. Vocal sounds, you are aware, are formed in the larynx; whilst their modifications by which language is formed, are effected in the oral cavity. Now, if there be, from any cause whatever, an inability of producing sound, you will necessarily have an absence of speech, which is sound articulated. In cases of ulceration, or relaxation of the vocal cords—those ligaments of the larynx, by means of which sound is generated; or, if there be no defect in the power of producing sound, if you have malformation of the oral cavity, or paralysis of the ninth nerve, you will still have absence of speech.

But in the present case there is no abnormal conformation of the organs of speech; there is no organic change in the laryngeal structure, for he is capable of uttering loud sounds, as well as a variety of sounds—there is, apparently, no paralysis of the ninth nerve, on which the movements of speech, principally, depend, supplying, as it does, all the nerves of the tongue; there is no want of nervous supply in the lips, the movements of which are essential to distinct articulation, and which are supplied by the facial, a branch of the fifth nerve. To what cause, then, must we attribute the misfortune of our patient?

There is something else wanting besides what I have stated, in order that we have the faculty of speech. It is *mind*—speech is but the expression of ideas; ideas are the conceptions of an intelligent being; he may, from disease, have los

the faculty of reason and understanding; still he has the power of speech; often incoherent—often unintelligible—often a strange jargon of unmeaning words,—still it is speech. Now, there may be temporary or permanent want of speech from cerebral defect or derangement, from malformation, or organic lesions in that wonderful organ which is essential to the existence of ideas, of which words are the outward manifestations.

A man struck down by an apoplectic attack, does not speak, for the physical condition of his brain will not allow it to work; it is a state incompatible with its normal functions; the will, and all the mental faculties are suspended, and consequently, the action of all the muscles dependent on the will; those of the voice equally with the rest. So, also, in the stupor from concussion, the coma from narcotics, and poisonous gases. But this is not a case of this kind. Speech, then, is an intellectual process. The infant has the same vocal organs as the adult, but it is only when the intellect has been sufficiently developed to enable him to understand the meaning of the sounds that he hears, that he undertakes to utter similar sounds, and so, by imitation, he acquires the faculty of speech. The voice of the idiot may be strong and his hearing acute, but he is incapable of speech. In short, we must seek for the organ of the faculty of language in the brain, and regard the ear, the larynx and the vocal tube as its instruments. The ourang-outang has the vocal organs of man, but it has not his intellectual faculty of language. You see the boy is active, if not sprightly, but he is mute. He seems pleased with the merest trifles, he smiles continually, without any apparent cause; is it probable that he is idiotic? Such is my conviction. Enquiry satisfies me that his intellect is gone, not that his mind is an entire blank. But his is a condition bordering on that of some of the inferior animals, which, though possessing a certain amount of intelligence, and some of the faculties which we are too apt to suppose belong solely to man, are yet incapable of expressing their wants, or their instincts, by articulate speech; such, I say, is my conviction, after all the light I have been able to gather both from personal examination and facts communicated by his friends. Of course, our art is valueless in such a case as this. Its resources are inadequate to reach the results of organic changes, like these; all we can do is to hope that a gradual amelioration and improvement may be affected by the lapse of time, and that the *vis medicatrix*, may, in her

silent, constant, and mysterious workings, repair the deranged cerebral organization, and build up healthy in the place of diseased structure. As his general health is perfect, I shall make no prescription, except to advise kindly treatment, and attention to those hygienic influences so essential to corporal and mental well being. Let his food be nourishing and of easy digestion; let him breathe a pure air by day and by night; let his clothing be properly regulated; his skin kept in a healthy state by frequent ablutions of cold or tepid water, and dry friction; let every effort be made to draw out, develop, and strengthen the mental faculties, for, on the success of this, hangs the entire result. The term aphonia is strictly applicable only to those cases of suppression of speech, which takes place independently of coma or syncope. It may be consequent on the tumefaction of the fauces and glottis, tumors connected with the trachea, ulcerations and relaxation of the *chordæ vocales*, as well as mechanical division or paralysis of the nerves distributed to the tongue and larynx. In all these cases, loss of voice is purely a sympathetic affection, and, probably, it is always so, for we can scarcely conceive of its being idiopathic. Many persons, if attacked with catarrh, are liable to lose their voice for a time, owing to a thickening of the lining membrane of the larynx, and the same accident is a common occurrence in chronic bronchitis. It is a very common symptom, also, in chronic laryngitis, and laryngeal phthisis, especially in its latter stages. Aphonia is very frequently dependent on atony or relaxation of the vocal chords, from over exertion in speaking, singing, or shouting, sometimes connected with particular disease of the mucous membrane, while in others, this complication does not exist. Loss of voice is not an unusual occurrence, also, in cases of syphilitic ulcerations, which attack the cartilages and soft parts of the larynx, making great havoc, and such cases are usually attended with rapid emaciation, profuse expectoration of frothy mucus, hectic fever, and the other phenomena which commonly attend laryngeal phthisis. I have alluded to its occurrence in hysteria, owing to irregular distributions of the nervous power; there we have no structural lesion, as in the former instances, no palpable disorder of the organs of speech; but it grows out of a state of general irritability, which is only to be cured by tonics and strengthening regimen. I have already alluded to the aphonia which precedes or succeeds apoplexy, indicative of cerebral pressure or loss of

nervous power—always a grave accident, and not to be disregarded with impunity.

The treatment of this affection, like that of every other, must always be founded on its pathology. Its causes must be diligently sought, and, if possible, removed; when it originates from catarrh, you will find an emetic of oxymel of squills with ipecacuanha often successful, following its use by external revulsives and internal demulcent and expectorant medicines. When it arises from an acute inflammatory condition of the lining membrane of the larynx, you will often succeed in restoring the voice by free leeching to the throat, and the use of moderately stimulating gargles.

A solution of the nitrate of silver, of the strength of 40 grains to the ounce, has perhaps more uniformly succeeded in curing aphonia, when caused by inflammation, relaxation, or ulceration of the mucous membrane of the larynx, than any other single remedy. It is applied by means of sponge, attached to a piece of whalebone, bent about an inch from the end to an angle of some 120 degrees; this is passed freely down to the vocal ligaments, after depressing the tongue by a curved spatula, and if the patient is directed to inflate the lungs fully, before passing the instrument, there will be no danger of any accidents, such as spasms, &c. You will find many cases treated successfully after this manner, by Drs. Green, Taylor and others, recorded in the pages of the New York Journal of Medicine. You will there find a case recorded of aphonia of two years standing, with all the signs of ulceration of the vocal ligaments, cured in a short time by the daily application to the larynx, of a solution of nitrate of silver of from 40 to 60 grs. to the ounce of water, the cough being, at the same time greatly relieved. In another case of chronic laryngeal affection, with total loss of voice for two months, the affection was cured by six applications. It is not always, or perhaps generally necessary in these cases, to carry your sponge into the larynx, merely brushing the parts about the fauces will often answer equally well. This may be done with a large camel's hair brush dipped in the solution. The effect, like that of gargles, extends by contiguous sympathy down the larynx, producing contraction of the vocal chords, and an intonation of the voice. I believe in nearly all of these cases of temporary aphonia, there is a relaxation of these ligaments, and that any measure calculated to contract them, and thus render them more tense, will remove the difficulty. It certainly is so in colds, catarrhs, and chronic

laryngitis, in which, however, there is often ulceration present, and I have no doubt the same conditions exist in the aphonia of delicate females, in whom all the tissues are lax and flabby. How often do we find the voice sink an octave or more from the effects of a cold; your knowledge of music and the tones produced by stringed instruments, must convince you, that under such circumstances, the pathology I have suggested, must be the true one. The effects of remedies also justify the same conclusions. How do stimulating gargles of cayenne, vinegar, &c., restore the voice, unless it is by giving tone to, and causing contraction of, these vocal strings? Nitrate of silver, galvanic electricity, and other stimulants, operate in a similar manner, and if leeches do good, it is in those inflammatory cases, where the mucous membrane is gorged with blood, and where tonicity can only be restored by emptying the capillaries, and bringing the organ back to its healthy and normal condition. I have often seen attempts made to cure this affection in delicate hysterical females, by local antiphlogistic measures, and external revulents, but always without success, while a course of general tonics, as iron, cold showering, and quinine, with the local application of the nitrate of silver, or stimulating inhalations, as the vapor of benzoin, aromatic vinegar, fumes of rosin, &c., have generally been attended with success. You will recollect that aphonia may be owing to simple debility of the laryngeal muscles, brought on by over exertion of the vocal organs; in such cases, rest will restore the voice, if attention be paid to the general health, without resorting to the use of local remedies. You will also bear in mind that the voice may suddenly be lost through the influence of any strong mental emotion, as joy, anger, fright. If you meet with such cases, especially if they occur in hysterical subjects, you need not be alarmed; the voice will return after the system has had time to rally, and recover from the shock it has sustained. Occasionally I have met with a case brought on by a sudden change from warm to a cold air; these require scarcely any interference, as an exemption may be purchased by a removal to a dry warm atmosphere. Remember, too, that aphonia may arise from intestinal irritation, especially in children, who sometimes suffer an attack from the irritation of worms; here, anthelmintics followed by tonics, will be the proper remedies. The difficulty is greater where it is owing to an affection of the par vagum, or the recurrent nerve; and irremediable when caused by an aneurismal or other tumor pressing on these



nerves. The cause here being persistent, the disease will also be persistent. When the cause is of a temporary nature, the affection, for the most part, will also be temporary, subsiding spontaneously, soon after the cause has been removed. I have but a single remark more on this branch of our subject to offer, and that is, as aphonia frequently occurs as a symptom in acute diseases, it is only to be obviated by the abatement of the original malady. In such cases, it is always a grave sign, and very often a fatal one; indicating, as it certainly does, a profound cerebral affection. A restoration of speech is always hailed as a favorable token in acute complaints, and as a harbinger of convalescence.

In conclusion, allow me to call your attention to the importance of general treatment in local affections of this nature. If the general health be robust, individuals will rarely suffer from such attacks, and if they do, the local difficulty is easily removed. Far different, however, is it with those who are of delicate or broken constitutions, especially if they are obliged to exert the organs of voice in public speaking or singing; sooner or later they are sure to suffer an attack, and when once experienced, a relapse will be sure to follow, if the exciting cause continue to operate, unless the general health be reinvigorated.

In several chronic cases, I have succeeded in restoring the voice, by advising the patient to take the tour of Europe, or a long sea-voyage, or changing his occupation to one requiring less use of the vocal organs, as farming, &c. The free use of cold water by spunging the body, especially about the throat, followed by dry friction, has been attended with the best results. Freedom from mental anxiety is almost essential to a cure, for the parts about the glottis seem to be the centre of fluxion, and nervous irradiations, in all affections of the human system, as hydrophobia, hysteria, thymic asthma, &c. In short, the patient must, if possible, be free from mental inquietude; breathe a pure atmosphere; take abundance of exercise in the open air; live upon plain, nourishing, and easily digested food; avoid all alcoholic stimulants, as well as tea, coffee, and tobacco; I have no fear but that the disease if present, will speedily be removed, and that when once removed, if the same mode of life be continued, there will be very little if any danger of its return.

Here is a case of a different kind. There is not a total inability, but a difficulty of speech, which is indistinct and imperfect, because the sounds do not follow each other as they



ought to do; it is a case of *stammering*—now this is a singular vocal phenomenon, one which has led to some curious speculations on the part of certain physiologists, and still more singular practice on the part of certain surgeons. While some have located the difficulty in the larynx, others have found it in the mouth, and so have set about to remedy it by cutting the genio-hyo-glossi muscles, whose office it is to pull the tongue downwards and backwards, and draw the hyoid bone upwards. How such an operation is to remedy the difficulty is not so obvious: it would seem to offer about as much chance of success as severing the *tendo-achilles* to cure the staggering of a drunken man.

Stammering, you know consists in a momentary inability to pronounce a consonant or vowel, or connect it with the preceding sounds. The difficulty may exist in any part of a word, the beginning or the middle; if the obstacle occur at the middle, then the first part is repeated several times before the latter half can be pronounced. This repetition of the commencement of a word is only a new attempt to overcome the obstacle, and the impediment will be the greater if the word begins with one of the explosive consonants, (b, d, q, p, t, k,) which do not admit of a continuous pronunciation until the formation of a vowel is attained, as in the word bitter, which is pronounced b-b-b-b-bitter. The continuous consonants are got along with much easier, such as m, v, n, g, r, l, or s. The difficulty would seem, sometimes, to consist in connecting the consonant with the succeeding vowel, sometimes in uttering the first consonant of a word, and if you closely watch a stammering person when attempting to speak, you will see that the difficulty seems to consist in the momentary closure of the glottis; the air, necessary for the articulation of the sound, does not escape from the larynx. The obstacle does not exist in the mouth; the individual has sufficient control of his lips and tongue, but he cannot command a sufficient quantity of air to produce the necessary sounds. This is undoubtedly owing to a spasmodic state of the muscles of the glottis, the *thyro-artenoid*, which bring the ligaments of the glottis into contact with each other, and this depends on a morbid association of the muscles of the larynx with the movements of the organs of articulation. The stammerer finds no difficulty at all in bringing his lips into position for uttering any of the consonants, but as he has no control over the glottis, he cannot regulate the passage of the air, by which the desired sounds are to be made, it stops at the larynx.

Just watch a stammerer while he attempts to speak. What frightful contortions! There is evidently a desperate struggle going on in the glottis; all the muscles of respiration are called into exercise to overcome the spasm which prevents expiration; the veins of the neck become distended, and the face flushed from congestion of the brain, while its muscles are violently distorted, owing to the same spasmodic effort. The cause of the phenomenon, then, is understood.

*Is there any cure for stammering?* I believe there is, but not in the Surgical Armamentaria, nor in the materia medica proper. We read that Demosthenes cured himself of stammering by speaking with a pebble under his tongue. Mrs. Leigh, who has had great success in curing this difficulty, has availed herself of this hint, and directs her patients to elevate the tongue, raising the point towards the palate. Stammerers will tell you, that if they allow the tongue to lie low in the mouth, they find it much more difficult to articulate than if it is somewhat elevated. It is an excellent plan in the treatment of these cases, to direct the patient to sing his words, and you know that persons who stammer can sing much better than they can talk. In this way the attention is directed more to the larynx, and its muscles are brought at length under such a degree of control, that the habit of stammering is nearly or quite overcome. If we could devise a method by which the glottis could be kept permanently open, I doubt not that the habit could be easily cured. I know no better way of voluntarily keeping it open than that recommended by Dr. Arnott, viz.: that the patient should connect all his words by an intonation of the voice continued between the different words. A still later mode of curing the difficulty, is that suggested by Muller viz: of reading sentences, in which all letters, which cannot be pronounced with a vocal sound viz. b, d, g, p, t, and k, are omitted, and only those consonants included, which are susceptible of an accompanying intonation of the voice; which should also be prolonged as in singing. This plan while it keeps the glottis open, combines articulation with vocalisation. After practising in this manner for a while the stammerer should then proceed to the mute and continuous consonant h, and the explosive sounds q, d, b, k, t, p. This mode of treatment, followed up, I believe will cure most cases of stammering, however bad they may be, but then it will require great perseverance on the part of the patient, and patience on the part of the instructor, if there be one; although I see no necessity for a teacher, after

the principle has been fully explained, and understood. The patient is to study very carefully the manner of articulating the different letters, and then pronounce them repeatedly, slowly, and analytically. As soon as he can master sentences from which the explosive consonants have been omitted, he is to pass on to others in which they are sparingly introduced, and so on to ordinary language. Confidence in himself, and in his ability to command the muscles of articulation is of the highest importance to the stammerer, and this can only be acquired in the manner pointed out, viz: overcoming obstacles by degrees, and proceeding step by step from that which is easy and practicable, to that which is more difficult. Nov. 1848.

*Appendix to the above by Prof. Lee.*

A very singular case of loss of speech, somewhat resembling the above, has recently been presented at our Clinique. M. C., a little girl, three years of age, was bitten in the cheek when twenty months old, by a rabid cat. The wound healed speedily, but about five weeks from the occurrence of the accident, violent spasms came on, affecting nearly all the muscles of the body, and which continued at longer or shorter intervals from Sunday until Friday evening following. The spasms then ceased, and she gradually got better; but it was soon ascertained that she had lost the power of speech, for she had begun to talk considerably, and also the use of her limbs. The parents state that during the hydrophobic attack, she was several times so far reduced as to be supposed to be dead, and was actually laid out once or twice, when she recovered. She now makes a few harsh sounds, like the deaf and dumb, but cannot articulate. Her hearing is quick; her face is not wanting in intelligence; but she is remarkably susceptible to bright lights, and sounds; constantly in active motion, and little inclined to sleep; it often requiring two or three hours to calm her to rest. She has a constant propensity to stand on her head, and turn somersets, and she is employed a great deal of the time in such feats, traversing the room in a succession of somersets, with astonishing rapidity. If left alone for a few minutes, she is often found standing on her head in the rocking chair, her hands resting on the arms of the chair, while her feet are thrown up against the back of the same. The top of the head is preternaturally hot over a space of two or three square inches; her pupils are much of the

time considerably dilated. Her appetite is good, as is also her general health.

The only rational explanation of the above case, appears to me to be that which attributes the loss of speech, and the other symptoms, to cerebral derangement, consequent upon the disease which caused the spasms, &c. Some organic change has occurred, incompatible with the normal exercise of the intellectual faculties, and reducing her to a state bordering on idiocy. The case is therefore, probably, a hopeless one; though it is impossible to predict, with certainty, what will be the result. Medical treatment, however, promises but little.—*Buff. Med. Jour.*

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#### ARTICLE VI.—*Intermittent Fevers.*

M. Bouchardat conceives that intermittent fevers may be usefully arranged under four forms or varieties, according to the intensity of the disease, and the corresponding effect of quinine on its course and duration. The *first form* includes those obstinate cases which require large doses (15 to 30 grs.) of quinine for their temporary cure, but in which, in spite of the methodical use of the remedy, the fever continues to recur for years. This variety is found in Italy, North of Africa, &c., and is contracted, according to Bouchardat, by a lengthened residence in the neighborhood of marshes, the water of which contains sulpho-salts in solution. To the *second form* belong those cases which require, but may be effectually cured by large doses (15 to 25 grs.) of quinine. An intermittent of this kind prevails at Tours, and has been well described by M. Bretonneau, who observes that small doses are here insufficient. They habituate the patient to the action of quinine, irritate the stomach, and render it difficult to obtain the full action of large doses. The *third form* comprises those mild cases in which small doses (1 to 5 grs.) are sufficient not only to arrest the fever, but also to prevent its return. Lastly, he includes in a *fourth form*, the numerous cases in which change of residence, or admittance into hospital, is sufficient to remove the disease.—*South. Med. Jour.*

ARTICLE VII.—*Ancient Monuments of the Mississippi Valley.*

This great American work, the result of original surveys and explorations by Messrs. E. G. Squier and E. H. Davis, has the honor of being selected as the first volume of the "Smithsonian Contributions to Knowledge," published by the Smithsonian Institution. It will contain about six hundred pages of letter-press, in size and style uniform with the quarto edition of the "United States' Exploring Expedition," and illustrated by upwards of fifty quarto plates, and more than two hundred engravings on wood. It embraces plans from actual surveys of more than one hundred and fifty ancient earth and stone works, with plans, sections, and views illustrative of the present appearance, position, structure, contents, and purposes of the several varieties of aboriginal mounds and pyramids; also sketches and notices of the minor vestiges of ancient art—the implements, weapons, ornaments, sculptures, &c., found in the mounds.—*Bos. Med. and Surg. Jour.*

ARTICLE VIII.—*Can a Reptile live in the Stomach?*

*To the Editor of the Boston Medical and Surgical Journal:—*  
 DEAR SIR,—Permit me to make the inquiry, through you, whether it is possible for a reptile to live in the human stomach? and, if so, how long? Could it not only *live*, but *grow* to some size there?

The reasons for making this inquiry are the following:—Mrs. W., who has usually enjoyed excellent health, has, during the summer past, been unable to attend to her ordinary business. Her appetite has been capricious. She has complained of a disagreeable sensation at the pit of the stomach, sometimes amounting to pain, and frequently attended with nausea. These symptoms increased in severity until, about a fortnight since, she ejected a live snake from her stomach. It was seven inches in length, and of the common green species. It lived two days in a bottle of water, and then died. I have it now preserved in spirits. Mrs. W. thinks she remembers having swallowed some object in a glass of spring water which she drank in the dark, in May or June. She has now recovered her usual health.

Yours, &c.,

Hallowell, Me., Nov. 1, 1848. M. C. RICHARDSON, M. D.

ARTICLE IX.—*Kreosote in Erysipelas.* By P. FAHNESTOCK, M. D., of Pittsburg. (Extracted from a letter to the Editor.)

Allow me to state that, during a practice of many years, I have been in the habit of using kreosote in erysipelas of the face, (as well as on all other parts of the body) in both its simple and phlegmonous forms, confining my local treatment to this article alone. And such has been the success of this treatment, that I have as yet to witness a case which has not yielded to it.

In every case of local erysipelas, I immediately apply the purest kreosote with a camel's hair brush over the whole of the affected surface, extending it some distance beyond the inflamed part, and at the same time administering a dose of chlor. hydrarg., followed by a sufficient portion of jalap to insure free catharsis. This, in the majority of cases, is all I find necessary. But when the mucuous membrane of the mouth and fauces is also affected, I pencil those parts with a strong solution of the nit. argent., say from 3 ss. to 3 i. to  $\frac{3}{4}$  i. of distilled water.

In the phlegmonous form, it will be found necessary to repeat the application more frequently than in the simple, with the addition of a bread and water poultice, applied nearly cold and well sprinkled with water strongly impregnated with the kreosote, or a cloth, kept constantly wet with the solution, especially for the face.

The kreosote, when applied, should cause the parts to become white immediately. If this does not occur, it is not pure. Thus you will perceive that success depends upon having the best quality of oil. It is worthy of remark that the skin does not become in the least marked by the application, no matter how often it is applied.

I was first induced to make a trial of this remedy, by a remark made by Dupuytren in a small pamphlet which fell into my hands, in which he supposed it might be a good remedy in this disease.

The result of an extensive and exclusive use of this article in erysipelas, has induced me to place the most implicit confidence in it; and all I ask of the profession is a fair trial for it, confident that whoever once tries it, will abandon all other articles in its favor.—*Am. Jour. Med. Science.*



## ARTICLE X.

*On an Electrical Phenomenon observed in Cholera.* By J. C. ATKINSON, Esq., M. R. C. S., &c., Westminster.

I am desirous at the present moment of directing the attention of your numerous scientific readers to a very interesting phenomenon, more or less present in the collapse stage of cholera, which seem to have hitherto escaped the observation of medical men—viz., animal electricity, or phosphorescence of the human body. My attention was attracted to the subject during the former visitation of that fearful disease in the metropolis. It was indeed singular to notice the quantity of electric fluid which continually discharged itself on the approach of any conducting body to the surface of the skin of a patient laboring under the collapse stage, more particularly if the patient had been previously enveloped in blankets; *streams of electricity* many averaging *one inch and a half* in length, could be readily educted by the knuckle of the hand when directed to any part of the body, and these appeared, in colour, effect, crackling noise, and luminous character, similar to that we are all accustomed to observe when touching a charged Leyden jar. I may remark the coincidence, that simultaneously with the heat of the body passing off, the electricity was evolved; and I am therefore led to ask question—Are not heat, electric and galvanic fluids *one* and the same thing? Does not the fact of the passing off of both imponderable agents at one and the same time strengthen this conclusion?

Again: are not the whole of what we call *vital* phenomena produced by certain modifications of the electric-galvanic-magnetic matter and motions? and do we not find that these *vital* phenomena are continuously affected by the relative state of the surrounding electric medium? To what can we attribute the present fluctuating condition of the barometer, if not to it?

We *know* what wonderful *decomposing* action galvanism had on alkalies, under the hands of the illustrious Humphrey Davy; but we do *not know*, nor have we any conception in the present state of knowledge, of the *decomposing* action of electric matter of the atmospheric air, in various conditions, on the fluids generally of the animal body. Chemistry has failed in pointing out any ponderable material as the exciting cause of epidemic diseases,



In the treatment of Cholera, all are agreed that *non-conducting* substances on the surface of the skin aid essentially the cure; and during the disturbed state of the atmosphere, for the purpose of retaining the electricity continually eliminating in the system, we are told to wear woollen bandages, flannel, and gutta percha soles, so as to insulate as much as possible the body, to prevent heat—the electric fluid—from passing off.—*London Lancet* in Med. Exam.

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#### ARTICLE XI.

*New Operation for the Radical Cure of Varicocele.* By S. D. GROSS, M. D., Professor of Surgery in the Medical Department of the University of Louisville.

The following operation, for the radical cure of varicocele, I have performed eight times within the last few years. The patients were all young men of good constitution, and they all recovered without a single bad symptom. The cure, so far as I have been able to learn, promises to be permanent in every instance.

During the operation, the patient may lie down, sit in a chair, or stand up, as may be most convenient. The scrotum, previously divested of hair, is rendered tense by grasping it behind with the left hand. A vertical incision, scarcely an inch in length, is made over the anterior part of the tumor, down to the enlarged veins, which are next carefully isolated from the accompanying duct, artery, and nerves, by a few touches with the point of the scalpel. This constitutes the first step of the operation. The second consists in passing a short, thick sewing needle—a No. 1 of the milliner, underneath two or three of the larger trunks, and winding around it a stout thread, either elliptically, or in the form of the figure 8. The ligature is drawn with great firmness, so as to indent the coats of the vessels, and put an immediate stop to the circulation. The operation is finished by closing the wound carefully with one or two sutures, or a few strips of court-plaster. The patient is now put to bed, the scrotum is supported with a silk handkerchief, and light diet is enjoined, At the end of

twenty-four, or, at the most, thirty-six hours, the blood in the constricted veins is sufficiently coagulated to justify their division, and the removal of the needle. This is readily effected by insinuating a narrow, sharp-pointed bistoury underneath the vessels, with its back towards the needle.

Should symptoms of inflammation arise after the operation, or, in other words, should the parts become red, tender, and swollen, recourse must be had to antiphlogistics, and to the application of cold water, or solutions of acetate of lead and opium. The patient may usually sit up in five or six days, and in a few more he may be permitted to walk about. The little wound soon cicatrizes; and the induration, caused by the coagulation of the blood between the testis and the seat of the constriction, gradually disappears by absorption. The period required for this rarely exceeds a month.

The advantages of the above operation are, first, its perfect simplicity and the facility with which it may be executed; secondly, its freedom from pain and hemorrhage; thirdly, the certainty with which we may avoid injury to the spermatic artery, duct, and nerves; fourthly, the little inconvenience or suffering which the patient experiences after it has been performed; and fifthly, the rapidity of the cure. These considerations will, I think, be found sufficient to recommend this method to the favorable notice of practitioners. Most of the operations described in the books are complicated, severe, and dangerous.

It occasionally happens, in this affection, that the scrotum is very flabby and pendulous. When this is the case, the cure will hardly be complete unless the surgeon retrenches the redundant structures. I have been obliged to resort to this expedient only once in my operations. A portion of scrotum, nearly of the size of a large hand, was excised with the scalpel, and the wound closed by the continued suture, which I consider far preferable, under such circumstances, to the interrupted or twisted.

Louisville, Ky., July, 1848.

[*Am. Jour. Med. Sci.*

## Part 4.—Editorial.

### ARTICLE I.

#### THE CHOLERA.

This dreaded malady, as is well known, is gradually, but steadily and surely making its advances towards the West; and, from the last accounts, we have reason to believe that it has already reached this country.

In nearly all our recent exchanges, we find facts and remarks upon this subject, more or less extensive.

It seems to be generally admitted, that its malignity is in proportion to want of salubrity, and to the extent to which influences exist in any locality, favorable to the production of typhoid and other epidemics, and that the habitually intemperate and profligate are the ones most frequently attacked, "so much so, that it is a very rare thing for the intemperate to escape; generally speaking, it is almost as rare for the temperate and uniformly prudent to be attacked."

As might have been expected, members of the profession, both in this country and in Europe, are constantly taxing their ingenuity to find facts and devise theories to account for its sudden and mysterious appearance in different localities, for the symptoms during an attack, and for the various contradictory statements concerning the effects of different kinds of treatment.

The theory, to account for the phenomena presented by it, which seems to be popular with the greatest number, is what may be called the electrical, which supposes it to depend upon electric or galvanic influences.

It is well known that the chemical and other changes constantly going on upon the surface of the earth in the atmosphere, and in our own and the bodies of other animals,

are necessarily attended with the development of electricity, or more properly speaking, they give rise to currents as often as the electrical equilibrium is disturbed, in consequence of the variety in the extent, and nature of the changes in different localities, and under different circumstances. That this subtle agent has more to do in modifying vital action, both in health and disease than had been formerly supposed, is not to be doubted, since all recent investigations, both in vegetable and animal physiology, tend to show that the organic change, upon which the life of a plant or animal depends, is in a great measure dependent upon its influence. This being the case, we have only to consider that the intensity of the earth's electricity at different points is constantly varying, as is shown by the variation in the magnetic needle; and that local disturbances and currents must be constantly produced by evaporation and chemical changes constantly going on in wet, marshy districts in the country, and in the damp, crowded, and filthy streets in large cities; and it appears reasonable, to say the least, to admit that the electrical changes thus constantly occurring must have an influence in modifying, if not in producing disease.

In the London Lancet, for September, we find a long article upon this subject, by Sir James Murray; in which he states that numerous experiments and observations, made during the prevalence of cholera in Dublin, in 1832, force upon him the conviction that not only this disease, but nearly all epidemics are dependant upon the above named causes; and, in accordance with this view, it is proposed by him to insulate buildings, especially such as are occupied for sleeping, as a preventative to this class of diseases.

He supposes that such diseases are consequent upon molecular changes, produced either by currents of electricity passing through, or by an excess or deficiency of this fluid in the body, and that the proper preventative, therefore, is to use, as far as is practicable, non-conducting substances for building material and clothing. H.

## ARTICLE II.

## KOSCIUSKO COUNTY MEDICAL SOCIETY.

We have received a notice of the organization of the above named association from Dr. E. R. Parks, Corresponding Secretary to it; together with two papers for publication, which were read before it: which show that they have commenced operations in the right way, and are not disposed to put the candle they have lighted under a bushel. The officers for the current year are, Dr. R. Willard, President; Dr. Geo. W. Stacy, Sec'y; Dr. Wm. Parks, Corresponding Sec'y; Drs. R. Willard, G. W. Stacy, and W. S. McBride, Censors.

The notice holds the following language, "A very deep interest is felt by the members of this society for the advancement of our science, and the general interests of the profession."

We heartily wish them success in their laudable enterprise.

E.

## ARTICLE III.

## CONVENTION OF WESTERN MEDICAL SCHOOLS.

The Western Lancet in noticing the proposition for a convention of Western Medical Schools, made in the Ohio Medical and Surgical Journal approves of the suggestion and then uses the following language, p. 385.

Our cotemporary seems to present the proposition for a convention as something new; we would beg to inform him, however, that we published a similar proposal in the Lancet for January last. To that proposition not a single school responded.

Now if there is any particular merit in priority in reference to this convention we may claim to be the first delegate ap-

pointed to attend it. We would correct the *Lancet* in reference to there being no response to the call made last January, in which it was requested that notice should be sent to the Editor of that Journal. When appointed a delegate with our Colleague Prof. Fitch, by the faculty of Rush Medical College to attend it, we notified Prof. Harrison, one of the Editors of the *Lancet*, of the fact, and have his reply which states that the project had failed.

We suppose Dr. Lawson wrote the recent notice, and was not aware of these facts. E.

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#### ARTICLE IV.

##### MONSTER WITH A HEAD RESEMBLING A DOG'S.

P. J. Hamilton, M. D., of Franklin, Wis., in a communication relates the following:—

On the 9th inst., I was called to see Mrs. R——, whom I found in labor with her fifth child. The pains were very strong when I arrived. The waters were discharged in a short time. I made an examination, and was at a loss to determine the presentation. The pains being strong, I was not long kept in suspense. A child was born with a dog's head. In every other respect, it was perfect. The cerebellum and part of the cerebrum were covered with their proper membrane; the dura mater. A cartilaginous substance formed part of the os frontis. The ears were long, and lopped down, like a dog's. The eyes were very large, and in every respect resembled a dog's. I learned the following particulars from the patient and her friends: When about six months advanced in her pregnancy, she went into a grocery store to purchase some articles. A couple of spaniel dogs got to fighting, and run against her, frightening her very much (she is of a nervous temperament). For several days after, she felt strong and unusual

motions of the child. The fright of the dog was constantly occupying her mind, and the thought of her child being *marked*. The child weighed eight pounds.

The above case is one of hundreds that might be related where the resemblance, either real or supposed, of monstrous fetuses to inferior animals or other objects can apparently be traced to some incidental influence during gestation.

An old and highly valued professional friend in Indiana, who is a firm believer in the agency of maternal mental influences in marking children, relates the following as coming under his own observation:—

A female acquaintance, during gestation, was greatly alarmed at the sight of her child, a son of several years age, who had been injured by the prong of a pitch-fork being thrust into his eye, so as to mangle it and cause the blood to flow in streams down his face. She was delivered, in due time, of a child, perfect in all respects, except that the corresponding eye to the one that had been injured in the boy was blood-shot, and a naevus maternus marked the course of the stream of blood down its cheeks.

Another.—A pregnant woman was greatly alarmed by her husband having thrown at her feet a squirrel that he had shot through the head so as to mangle it much. At her subsequent confinement, the child was found to have its head torn off very like the squirrel's.

A female, while pregnant, was badly frightened by going into a dark cellar, with a dim light, and observing in one corner a dog grinning and snarling at her. When the result of her gestation came forth, it proved that the superior maxilla protruded far in advance of the other features of the face, through a cleft in the upper lip, with two teeth standing out, and grinning like a dog. A friend of ours, at our elbow, who amputated the jaw, closed the hare lip, and related to us the story, has the bone yet.

A host of similar cases crowd upon our memory, but we



have not room for more. If the cases of fright during gestation were summed up, we apprehend that there would not be one in a hundred where the child was not perfect. Therefore, as a cause of deformity, fright would seem to have but little influence. E.

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#### ARTICLE V.

##### SECTIONAL MEDICINE.

The old controversy, in reference to the advantages of studying medicine in the region of country in which the student expects to practice, has been revived by the use of the following language in the last circular of Jefferson Medical College, Philadelphia, viz:—

The idea that a Student of Medicine must be taught his profession in the very locality in which he is destined to practice it, is now generally, as it ought to be universally, abandoned. It must be admitted that the great principles of the science are the same everywhere, and that the Student ought, for his own sake, to seek for information wherever it can be best and most readily obtained.

To this our cotemporaries of the South. Med. and Surg. Jour., and of the New Orleans Med. and Surg. Jour., take exceptions, and we think with much show of reason.

The Medical Examiner espouses the side of the question taken by the circular quoted, and is assisted by the correspondence of B. Rush Mitchell, M. D., who refers to the success of the surgeons of the navy in treating yellow fever during the service on the Gulf of Mexico during the Mexican war, to illustrate the position that they can teach students in eastern schools to be successful practitioners in the South.

The ground that the general principles of our science are of universal application so much harped upon by those who oppose what they term "sectional medicine," is undoubtedly

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correct; but, in our humble opinion, does not cover the case under consideration. No one, we trust, will contend that diseases are the same in all places, and under all circumstances.

Here, if we understand the position correctly, it is contended that in teaching the application of those principles in practice, some experience, some actual observation of cases is necessary to qualify the teacher to teach, and the student to practice. And further, the more extensive the observation of any given class of cases, the better the qualifications of both in reference to them.

In this, we do but assert what all admit as being true in reference to the whole range of diseases; and if so, how can it be otherwise than true in reference to a class of them. Therefore, other things being equal, the western teacher is better qualified to teach the management of all those forms of disease prevalent in this region; and so of the East and South.

What qualifies Ricord to teach the pathology and treatment of venereal diseases, but his great experience in such cases, and his extensive means of illustration in his ward. Why are his students qualified to treat such cases? Because they were taught by one who was thoroughly familiar with them, and because they have seen for themselves. If true, in reference to this, certainly it is so in reference to the fevers of the West and South.

The recommendation of the American Medical Association, that students should have clinical instruction to qualify them for practice, places that body on the side of this question that we advocate.

What is the object of clinical teaching? It can only be to make the student familiar with the symptoms, forms, and characters of diseases, and the effects of remedies when applied in their treatment. And it is necessary that each disease be studied for itself. There are no general principles in pathology that lead us to understand one disease from having studied another. No one would understand a fever from having studied cholera. To learn to recognize and treat typhus fever, it

must be studied and observed for itself; and so with each other fever. Then sectional or not, we see no reason why it is improper to say that to learn to understand and manage remittent, intermittent, congestive, or yellow fever, the student must be taught of one who is familiar with it; and to receive clinical instruction, in reference to either, he must go where it prevails.

Then to advocate the importance of clinical teaching, advocates the advantages to the student of studying diseases "in the very locality in which he is destined to practice."

We believe in the sentiment of Macaulay, as quoted by the *New Orleans Med. and Surg. Jour.*, and expressed in the following:—

But what should we think of a physician who should now tell us that he deduced his treatment of yellow fever from the general theory of pathology? Surely we should ask him, whether, in constructing his theory of pathology, he had, or had not, taken into the account the facts which had been ascertained respecting the yellow fever? If he had, then it would be more correct to say, that he had arrived at the principles of pathology partly by his experience of cases of yellow fever, than he had deduced his treatment of yellow fever from the principles of pathology. If he had not, he should not prescribe for us. If we had the yellow fever, we should prefer a man who had never treated any cases but cases of yellow fever, to a man who had walked the hospitals of London and Paris for years, but who knew nothing of our particular disease.

In regard to the general abandonment of the position, we think it a mistake; and, although one of the editors of the *St. Louis Medical Journal* thinks medical schools should base their claims for patronage on higher grounds, we are quite sure that most of our western practitioners will say that in addition to the ability of teachers, and the means of illustrating the elementary branches, familiarity with those diseases the student must meet in practice, and the means of giving clinical instruction on them, will constitute the very highest possible ground for preferring one school over another. E.

## ARTICLE IV.

## MISCELLANEOUS MEDICAL INTELLIGENCE.

Lyne Starling, Esq., has added \$5000 to his former donation of \$30,000, to the Starling Medical College, at Columbus, Ohio.

The Legislature of Louisiana has appropriated thirty thousand dollars to the State University, most of which is to be spent on the medical department at New Orleans. We hope the citizens of Louisiana may always have scientific medical attendance when sick.

Dr. Meeker, of Laporte, Ind., reports a case in which a patient was poisoned to death in consequence of the application of 100 grains of corrosive sublimate to a blistered surface by a *cancer doctor*, to cure cancer of the breast. The quack explained the case by saying that the roots of the cancer reached the heart, and the medicine followed them there.

Gutta percha 3j chloroform f3j make a solution, which when applied to the clean, dry cavity of a carious tooth, cures the pain, and protects the tooth from decay.

The local application of anæsthetic agents has attracted considerable attention recently, but not with uniformly satisfactory results. Ice applied to a part until numbness is produced, seems to be the best local anæsthetic.

Dr. Lee, the accomplished editor of the New York Medical Journal has retired, and Dr. Purple succeeds him. Dr. Roberts, the able and enterprising founder and editor of the *Annalist*, has handed his editorial quill over to "the young man of Binghamton," Dr. N. S. Davis, the indefatigable mover in founding the American Medical Association. Our excellent exchange, the *Western Lancet*, comes to us filled almost entirely with original matter.

**THE ALLEGHANIANS.**—These far famed singers, under the direction of Mr. Brockelbank, whose skill in the management of such matters is unrivalled, gave a concert on New Year's evening for the benefit of the sick poor of Chicago—he says mainly to be applied to sending patients to the hospital. They had, we are glad to say, a very full house.